Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

07/1/2025 9:21:04 AM

100 - Senate of Virginia

Grand Totals for 100 - Senate of Virginia	Paid to Date	Outstanding	Incurred
Expense.....	$1,061.46	$50.00	$1,111.46
Indemnity.....	$25,023.23	$0.00	$25,023.23
Medical.....	$172,856.77	$1,200.00	$174,056.77
	$198,941.46	$1,250.00	$200,191.46

# of Claims	**101**		
# Open	**1**	**Recovery Amount:**	**-$3,504.13**

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
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**		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$427.01	$0.00	$427.01
			$427.01	$0.00	$427.01
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2022 - 06/30/2023				
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**		
	07/01/2021 - 06/30/2022				
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

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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100 - Senate of Virginia

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2019 - 06/30/2020				
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**		
	07/01/2018 - 06/30/2019				
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**		
	07/01/2017 - 06/30/2018				
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**		
	07/01/2016 - 06/30/2017				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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100 - Senate of Virginia

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		
	07/01/2014 - 06/30/2015				
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**		
	07/01/2013 - 06/30/2014				
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**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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100 - Senate of Virginia

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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**		
	07/01/2005 - 06/30/2006				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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100 - Senate of Virginia

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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**		
	07/01/2000 - 06/30/2001				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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100 - Senate of Virginia

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1999 - 06/30/2000				
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**		
	07/01/1998 - 06/30/1999				
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**		
	07/01/1997 - 06/30/1998				
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**		
	07/01/1996 - 06/30/1997				
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**		
	07/01/1994 - 06/30/1995				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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100 - Senate of Virginia

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

07/1/2025 9:21:04 AM

100 - Senate of Virginia

Policy	Policy Period	Paid to Date	Outstanding	Incurred

101 - HOUSE OF DELEGATES

Grand Totals for 101 - HOUSE OF DELEGATES	Paid to Date	Outstanding	Incurred
Expense.....	$599.54	$0.00	$599.54
Indemnity.....	$1,030.99	$0.00	$1,030.99
Medical.....	$85,533.49	$0.00	$85,533.49
	$87,164.02	$0.00	$87,164.02

# of Claims 50
 # Open 0 **Recovery Amount:** -$1,371.34

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$6,854.33	$0.00	$6,854.33
			$6,854.33	$0.00	$6,854.33
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$63,007.65	$0.00	$63,007.65
			$63,007.65	$0.00	$63,007.65
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

101 - HOUSE OF DELEGATES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		

101 - HOUSE OF DELEGATES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

07/1/2025 9:21:04 AM

101 - HOUSE OF DELEGATES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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**		
	07/01/2005 - 06/30/2006				
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**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

101 - HOUSE OF DELEGATES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2002 - 06/30/2003				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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101 - HOUSE OF DELEGATES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1994 - 06/30/1995				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

103 - MAGISTRATE SYSTEM

Grand Totals for 103 - MAGISTRATE SYSTEM	Paid to Date	Outstanding	Incurred
Expense.....	$12,333.59	$118.82	$12,452.41
Indemnity.....	$460,437.44	$0.00	$460,437.44
Medical.....	$256,727.29	$12,500.00	$269,227.29
	$729,498.32	$12,618.82	$742,117.14

# of Claims	92		
# Open	2	Recovery Amount:	-$4,500.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$341.13	$0.00	$341.13
			$341.13	$0.00	$341.13
# of Claims	4				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$77.59	$0.00	$77.59
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$782.06	$0.00	$782.06
			$859.65	$0.00	$859.65
# of Claims	8				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$143.03	$0.00	$143.03
Indemnity.....	.....		$4,993.20	$0.00	$4,993.20
Medical.....	.....		$7,142.47	$0.00	$7,142.47
			$12,278.70	$0.00	$12,278.70
# of Claims	9				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

103 - MAGISTRATE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$4,767.79	$0.00	$4,767.79
Indemnity.....	.....		$7,018.41	$0.00	$7,018.41
Medical.....	.....		$9,859.04	$0.00	$9,859.04
			$21,645.24	$0.00	$21,645.24
# of Claims	7				
# Open	1	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		

103 - MAGISTRATE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense.....	.....		$32.00	$118.82	$150.82
Indemnity.....	.....		$1,758.59	$0.00	$1,758.59
Medical.....	.....		$12,080.79	$12,500.00	$24,580.79
			$13,871.38	$12,618.82	$26,490.20
# of Claims	2				
# Open	1	Recovery Amount:	0.00		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

103 - MAGISTRATE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2004 - 06/30/2005				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

103 - MAGISTRATE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
Expense.....	.....		$320.00	$0.00	$320.00
Indemnity.....	.....		$47,779.78	$0.00	$47,779.78
Medical.....	.....		$38,575.72	$0.00	$38,575.72
			$86,675.50	$0.00	$86,675.50
# of Claims	5				
# Open	0	Recovery Amount:	-4,500.00		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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103 - MAGISTRATE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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**		

107 - LEGISLATIVE SERVICES

Grand Totals for 107 - LEGISLATIVE SERVICES	Paid to Date	Outstanding	Incurred
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 19
 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
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		
	07/01/2021 - 06/30/2022				
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		
	07/01/2018 - 06/30/2019				
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				

107 - LEGISLATIVE SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2016 - 06/30/2017				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2000 - 06/30/2001				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1995 - 06/30/1996				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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107 - LEGISLATIVE SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1987 - 06/30/1988				
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**		

108 - VA CODE COMMISSION

Grand Totals for 108 - VA CODE COMMISSION	Paid to Date	Outstanding	Incurred
Expense.....	$0.00	$0.00	$0.00
Indemnity.....	$0.00	$0.00	$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
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		

109 - LEGISLATIVE AUTOMATED SYSTEMS

Grand Totals for 109 - LEGISLATIVE AUTOMATED SYSTEMS	Paid to Date	Outstanding	Incurred
Expense.....	$0.00	$0.00	$0.00
Indemnity.....	$13,973.07	$0.00	$13,973.07
Medical.....	$16,446.71	$0.00	$16,446.71
	$30,419.78	$0.00	$30,419.78

# of Claims	10		
# Open	0	Recovery Amount:	$0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2023 - 06/30/2024				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,256.69	$0.00	$1,256.69
			$1,256.69	$0.00	$1,256.69
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2006 - 06/30/2007				
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		
	07/01/2005 - 06/30/2006				
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		
	07/01/1999 - 06/30/2000				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

109 - LEGISLATIVE AUTOMATED SYSTEMS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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109 - LEGISLATIVE AUTOMATED SYSTEMS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1992 - 06/30/1993				
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**		

110 - JOINT LEGISLATIVE AUDIT & REVIEW

Grand Totals for 110 - JOINT LEGISLATIVE AUDIT & REVIEW	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2007 - 06/30/2008				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2000 - 06/30/2001				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

110 - JOINT LEGISLATIVE AUDIT & REVIEW

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/1992 - 06/30/1993				
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		

111 - SUPREME COURT OF VIRGINIA

Grand Totals for 111 - SUPREME COURT OF VIRGINIA	Paid to Date	Outstanding	Incurred
Expense.....	$54,418.83	$4,320.90	$58,739.73
Indemnity.....	$1,505,153.10	$106,529.89	$1,611,682.99
Medical.....	$1,996,087.66	$355,059.49	$2,351,147.15
	$3,555,659.59	$465,910.28	$4,021,569.87

# of Claims	1,031		
# Open	11	Recovery Amount:	-$93,723.85

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$131.74	$700.00	$831.74
Indemnity.....	.....		$37,773.23	$80,985.25	$118,758.48
Medical.....	.....		$73,726.73	$75,643.30	$149,370.03
			$111,631.70	$157,328.55	$268,960.25
# of Claims	29				
# Open	7	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$112.60	$0.00	$112.60
Indemnity.....	.....		$18,274.47	$0.00	$18,274.47
Medical.....	.....		$39,926.90	$0.00	$39,926.90
			$58,313.97	$0.00	$58,313.97
# of Claims	22				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$136.59	$0.00	$136.59
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,008.69	$0.00	$1,008.69
			$1,145.28	$0.00	$1,145.28
# of Claims	13				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$574.95	$138.98	$713.93
Indemnity.....	.....		$5,145.33	$0.00	$5,145.33
Medical.....	.....		$29,866.05	$33,092.77	$62,958.82
			$35,586.33	$33,231.75	$68,818.08
# of Claims	27				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	1	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$5,968.18	$3,444.28	$9,412.46
Indemnity.....	.....		$156,253.44	$25,544.64	$181,798.08
Medical.....	.....		$24,228.19	$6,911.68	$31,139.87
			$186,449.81	$35,900.60	$222,350.41
# of Claims	20				
# Open	1	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		

111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
Expense.....	.....		$7,217.85	$18.82	$7,236.67
Indemnity.....	.....		$27,540.51	$0.00	$27,540.51
Medical.....	.....		$363,927.46	$192,530.99	$556,458.45
			$398,685.82	$192,549.81	$591,235.63
# of Claims	31				
# Open	1	Recovery Amount:	-45,281.44		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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**		
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
Expense			**$4,499.89**	**$18.82**	**$4,518.71**
Indemnity			**$208,822.98**	**$0.00**	**$208,822.98**
Medical			**$367,275.11**	**$46,880.75**	**$414,155.86**
			$580,597.98	**$46,899.57**	**$627,497.55**
# of Claims	**33**				
# Open	**1**	**Recovery Amount:**	**0.00**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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**		
	07/01/1999 - 06/30/2000				
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**		
	07/01/1998 - 06/30/1999				
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**		
	07/01/1997 - 06/30/1998				
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**		
	07/01/1996 - 06/30/1997				
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**		

111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		

111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period	Paid to Date	Outstanding	Incurred

112 - JUDICIAL INQUIRY REVIEW COMM.

Grand Totals for 112 - JUDICIAL INQUIRY REVIEW COMM.	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2004 - 06/30/2005				
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		
	07/01/1998 - 06/30/1999				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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113 - CIRCUIT COURTS

Grand Totals for 113 - CIRCUIT COURTS	Paid to Date	Outstanding	Incurred
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**

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2001 - 06/30/2002				
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**		
	07/01/2000 - 06/30/2001				
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**		

117 - VIRGINIA STATE BAR

Grand Totals for 117 - VIRGINIA STATE BAR	Paid to Date	Outstanding	Incurred
Expense.....	$11,746.48	$0.00	$11,746.48
Indemnity.....	$145,236.95	$0.00	$145,236.95
Medical.....	$592,949.30	$0.00	$592,949.30
	$749,932.73	$0.00	$749,932.73

# of Claims	23		
# Open	0	Recovery Amount:	-$1,932.24

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$4,129.38	$0.00	$4,129.38
			$4,129.38	$0.00	$4,129.38
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
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		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

117 - VIRGINIA STATE BAR

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		
	07/01/2015 - 06/30/2016				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2008 - 06/30/2009				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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117 - VIRGINIA STATE BAR

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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**		
	07/01/2005 - 06/30/2006				
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**		
	07/01/2000 - 06/30/2001				
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**		
	07/01/1996 - 06/30/1997				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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117 - VIRGINIA STATE BAR

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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**		
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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**		
	07/01/1990 - 06/30/1991				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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117 - VIRGINIA STATE BAR

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1988 - 06/30/1989				
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**		

119 - OFFICE OF LIEUTENANT GOVERNOR

Grand Totals for 119 - OFFICE OF LIEUTENANT GOVERNOR	Paid to Date	Outstanding	Incurred
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	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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121 - GOVERNOR'S OFFICE

Grand Totals for 121 - GOVERNOR'S OFFICE	Paid to Date	Outstanding	Incurred
Expense.....	$19,658.75	$30,837.92	$50,496.67
Indemnity.....	$6,455.82	$0.00	$6,455.82
Medical.....	$509,713.02	$538,889.17	$1,048,602.19
	$535,827.59	$569,727.09	$1,105,554.68

# of Claims 28

 # Open 1 **Recovery Amount:** -$6,000.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$31.62	$0.00	$31.62
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$31.62	$0.00	$31.62
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$63.70	$0.00	$63.70
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$10,225.41	$0.00	$10,225.41
			$10,289.11	$0.00	$10,289.11
# of Claims	1				
# Open	0	Recovery Amount:	-6,000.00		
	07/01/2017 - 06/30/2018				
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				

121 - GOVERNOR'S OFFICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2016 - 06/30/2017				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2010 - 06/30/2011				
Expense.....	.....		$19,563.43	$30,837.92	$50,401.35
Indemnity.....	.....		$6,455.82	$0.00	$6,455.82
Medical.....	.....		$491,779.75	$538,889.17	$1,030,668.92
			$517,799.00	$569,727.09	$1,087,526.09
# of Claims	1				
# Open	1	Recovery Amount:	0.00		
	07/01/2009 - 06/30/2010				
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		
	07/01/2007 - 06/30/2008				
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		

121 - GOVERNOR'S OFFICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2006 - 06/30/2007				
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		
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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121 - GOVERNOR'S OFFICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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**		
	07/01/1990 - 06/30/1991				
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**		
	07/01/1988 - 06/30/1989				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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121 - GOVERNOR'S OFFICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

122 - PLANNING & BUDGET, DEPARTMENT OF

Grand Totals for 122 - PLANNING & BUDGET, DEPARTMENT OF	Paid to Date	Outstanding	Incurred
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	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

122 - PLANNING & BUDGET, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2010 - 06/30/2011				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		

122 - PLANNING & BUDGET, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1997 - 06/30/1998				
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		

122 - PLANNING & BUDGET, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		

122 - PLANNING & BUDGET, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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122 - PLANNING & BUDGET, DEPARTMENT OF

Policy	Policy Period	Paid to Date	Outstanding	Incurred

123 - MILITARY AFFAIRS, DEPARTMENT OF

Grand Totals for 123 - MILITARY AFFAIRS, DEPARTMENT OF	Paid to Date	Outstanding	Incurred
Expense.....	$115,814.72	$22,620.99	$138,435.71
Indemnity.....	$4,480,646.16	$350,748.84	$4,831,395.00
Medical.....	$3,918,746.10	$4,653,927.78	$8,572,673.88
	$8,515,206.98	$5,027,297.61	$13,542,504.59
# of Claims 3,030			
# Open 20 **Recovery Amount:**	-$476,844.24		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$686.26	$6,203.72	$6,889.98
Indemnity.....	.....		$24,004.22	$84,168.80	$108,173.02
Medical.....	.....		$99,166.67	$167,367.39	$266,534.06
			$123,857.15	$257,739.91	$381,597.06
# of Claims	100				
# Open	12	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$395.69	$0.00	$395.69
Indemnity.....	.....		$36,584.28	$0.00	$36,584.28
Medical.....	.....		$431,431.99	$0.00	$431,431.99
			$468,411.96	$0.00	$468,411.96
# of Claims	338				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$2,936.77	$2,788.00	$5,724.77
Indemnity.....	.....		$42,420.02	$133,699.28	$176,119.30
Medical.....	.....		$273,580.03	$4,082,085.26	$4,355,665.29
			$318,936.82	$4,218,572.54	$4,537,509.36
# of Claims	59				
# Open	1	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$226.85	$4,044.32	$4,271.17
Indemnity.....	.....		$36,888.13	$47,943.74	$84,831.87
Medical.....	.....		$15,443.00	$92,488.95	$107,931.95
			$52,557.98	$144,477.01	$197,034.99
# of Claims	459				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	2	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$265.13	$0.00	$265.13
Indemnity.....	.....		$10,443.11	$0.00	$10,443.11
Medical.....	.....		$16,340.99	$0.00	$16,340.99
			$27,049.23	$0.00	$27,049.23
# of Claims	65				
# Open	0	Recovery Amount:	-6,016.80		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$4,263.37	$3,045.75	$7,309.12
Indemnity.....	.....		$143,053.74	$29,895.00	$172,948.74
Medical.....	.....		$234,825.82	$57,375.66	$292,201.48
			$382,142.93	$90,316.41	$472,459.34
# of Claims	749				
# Open	1	Recovery Amount:	-92.00		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$29,153.39	$6,501.56	$35,654.95
Indemnity.....	.....		$221,652.86	$55,042.02	$276,694.88
Medical.....	.....		$67,412.18	$4,596.23	$72,008.41
			$318,218.43	$66,139.81	$384,358.24
# of Claims	387				
# Open	2	Recovery Amount:	0.00		
	07/01/2016 - 06/30/2017				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense.....	.....		$8,888.10	$0.00	$8,888.10
Indemnity.....	.....		$12,248.80	$0.00	$12,248.80
Medical.....	.....		$84,502.21	$0.00	$84,502.21
			$105,639.11	$0.00	$105,639.11
# of Claims	48				
# Open	0	Recovery Amount:	-824.34		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
Expense.....	.....		$546.85	$18.82	$565.67
Indemnity.....	.....		$48,004.64	$0.00	$48,004.64
Medical.....	.....		$191,194.09	$104,673.06	$295,867.15
			$239,745.58	$104,691.88	$344,437.46
# of Claims	35				
# Open	1	Recovery Amount:	0.00		
	07/01/2011 - 06/30/2012				
Expense.....	.....		$209.80	$0.00	$209.80
Indemnity.....	.....		$8,524.72	$0.00	$8,524.72
Medical.....	.....		$30,512.11	$0.00	$30,512.11
			$39,246.63	$0.00	$39,246.63
# of Claims	24				
# Open	0	Recovery Amount:	0.00		

123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
Expense			**$15,331.48**	**$0.00**	**$15,331.48**
Indemnity			**$399,105.11**	**$0.00**	**$399,105.11**
Medical			**$336,437.14**	**$0.00**	**$336,437.14**
			$750,873.73	**$0.00**	**$750,873.73**
# of Claims	**22**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2009 - 06/30/2010				
Expense			**$633.50**	**$0.00**	**$633.50**
Indemnity			**$684.40**	**$0.00**	**$684.40**
Medical			**$49,972.22**	**$0.00**	**$49,972.22**
			$51,290.12	**$0.00**	**$51,290.12**
# of Claims	**47**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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**		

123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
Expense.....	.....		$36,064.81	$18.82	$36,083.63
Indemnity.....	.....		$2,566,888.21	$0.00	$2,566,888.21
Medical.....	.....		$272,167.19	$145,341.23	$417,508.42
			$2,875,120.21	$145,360.05	$3,020,480.26
# of Claims	51				
# Open	1	Recovery Amount:	-418,004.48		
	07/01/1999 - 06/30/2000				
Expense.....	.....		$932.00	$0.00	$932.00
Indemnity.....	.....		$84,475.45	$0.00	$84,475.45
Medical.....	.....		$178,248.12	$0.00	$178,248.12
			$263,655.57	$0.00	$263,655.57
# of Claims	32				
# Open	0	Recovery Amount:	-4,504.34		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period	Paid to Date	Outstanding	Incurred

127 - EMERGENCY MANAGEMENT, DEPT OF

Grand Totals for 127 - EMERGENCY MANAGEMENT, DEPT OF	Paid to Date	Outstanding	Incurred
Expense.....	$2,665.37	$118.82	$2,784.19
Indemnity.....	$114,646.89	$12,000.00	$126,646.89
Medical.....	$562,212.10	$256,464.13	$818,676.23
	$679,524.36	$268,582.95	$948,107.31

# of Claims 194
 # Open 2 **Recovery Amount:** -$7,676.45

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$449.94	$0.00	$449.94
			$449.94	$0.00	$449.94
# of Claims	3				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$23.71	$0.00	$23.71
Indemnity.....	.....		$58,700.00	$0.00	$58,700.00
Medical.....	.....		$8,197.10	$0.00	$8,197.10
			$66,920.81	$0.00	$66,920.81
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		
	07/01/2014 - 06/30/2015				
Expense			**$32.00**	**$18.82**	**$50.82**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$348,126.23**	**$226,464.13**	**$574,590.36**
			$348,158.23	**$226,482.95**	**$574,641.18**
# of Claims	**6**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2013 - 06/30/2014				
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**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
Expense			**$60.82**	**$100.00**	**$160.82**
Indemnity			**$0.00**	**$12,000.00**	**$12,000.00**
Medical			**$0.00**	**$30,000.00**	**$30,000.00**
			$60.82	**$42,100.00**	**$42,160.82**
# of Claims	**3**				
# Open	**1**	**Recovery Amount:**	**0.00**		

127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		

127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1999 - 06/30/2000				
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**		
	07/01/1998 - 06/30/1999				
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**		
	07/01/1996 - 06/30/1997				
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**		
	07/01/1995 - 06/30/1996				
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**		
	07/01/1994 - 06/30/1995				
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**		

127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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**		
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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**		

129 - Human Resource Management, Dept of

Grand Totals for 129 - Human Resource Management, Dept of	Paid to Date	Outstanding	Incurred
Expense.....	$199.42	$2,700.00	$2,899.42
Indemnity.....	$110,633.14	$22,275.17	$132,908.31
Medical.....	$202,325.70	$15,150.83	$217,476.53
	$313,158.26	$40,126.00	$353,284.26

# of Claims 95
 # Open 1 **Recovery Amount:** -$98,622.10

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$18.82	$2,700.00	$2,718.82
Indemnity.....	.....		$13,205.05	$22,275.17	$35,480.22
Medical.....	.....		$4,849.17	$15,150.83	$20,000.00
			$18,073.04	$40,126.00	$58,199.04
# of Claims	1				
# Open	1	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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				

129 - Human Resource Management, Dept of

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		

129 - Human Resource Management, Dept of

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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**		
	07/01/2009 - 06/30/2010				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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**		
	07/01/2005 - 06/30/2006				
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**		

129 - Human Resource Management, Dept of

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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**		
	07/01/2000 - 06/30/2001				
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**		

129 - Human Resource Management, Dept of

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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		

129 - Human Resource Management, Dept of

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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**		
	07/01/1989 - 06/30/1990				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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129 - Human Resource Management, Dept of

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

130 - ECONOMIC DEVELOPMENT, DEPT OF

Grand Totals for 130 - ECONOMIC DEVELOPMENT, DEPT OF	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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				

130 - ECONOMIC DEVELOPMENT, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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		

131 - VETERAN'S AFFAIRS, DEPARTMENT OF

Grand Totals for 131 - VETERAN'S AFFAIRS, DEPARTMENT OF	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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		
	07/01/1998 - 06/30/1999				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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131 - VETERAN'S AFFAIRS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/1996 - 06/30/1997				
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**		
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		

132 - STATE BOARD OF ELECTIONS

Grand Totals for 132 - STATE BOARD OF ELECTIONS	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

132 - STATE BOARD OF ELECTIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		
	07/01/2005 - 06/30/2006				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/1999 - 06/30/2000				
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		

132 - STATE BOARD OF ELECTIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1997 - 06/30/1998				
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		
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1987 - 06/30/1988				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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132 - STATE BOARD OF ELECTIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1986 - 06/30/1987				
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**		

133 - AUDITOR OF PUBLIC ACCOUNTS

Grand Totals for 133 - AUDITOR OF PUBLIC ACCOUNTS	Paid to Date	Outstanding	Incurred
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 64
 # Open 0 **Recovery Amount:** -$4,058.51

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2023 - 06/30/2024				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2012 - 06/30/2013				
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				

133 - AUDITOR OF PUBLIC ACCOUNTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		
	07/01/2003 - 06/30/2004				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

133 - AUDITOR OF PUBLIC ACCOUNTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		

133 - AUDITOR OF PUBLIC ACCOUNTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

133 - AUDITOR OF PUBLIC ACCOUNTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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133 - AUDITOR OF PUBLIC ACCOUNTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1986 - 06/30/1987				
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**		

136 - VA Information Technologies Agency

Grand Totals for 136 - VA Information Technologies Agency	Paid to Date	Outstanding	Incurred
Expense.....	$153.37	$68.82	$222.19
Indemnity.....	$7,140.82	$0.00	$7,140.82
Medical.....	$116,885.72	$4,700.00	$121,585.72
	$124,179.91	$4,768.82	$128,948.73

# of Claims	66		
# Open	1	Recovery Amount:	-$6,739.18

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$68.82	$68.82
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,106.18	$4,700.00	$5,806.18
			$1,106.18	$4,768.82	$5,875.00
# of Claims	2				
# Open	1	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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				

136 - VA Information Technologies Agency

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2016 - 06/30/2017				
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		
	07/01/2015 - 06/30/2016				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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136 - VA Information Technologies Agency

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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**		
	07/01/2005 - 06/30/2006				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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136 - VA Information Technologies Agency

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		

138 - DEPT. OF INFORMATION TECHNOLOGY

Grand Totals for 138 - DEPT. OF INFORMATION TECHNOLOGY	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

138 - DEPT. OF INFORMATION TECHNOLOGY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		

138 - DEPT. OF INFORMATION TECHNOLOGY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		

138 - DEPT. OF INFORMATION TECHNOLOGY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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		

140 - CRIMINAL JUSTICE SERVICES

Grand Totals for 140 - CRIMINAL JUSTICE SERVICES	Paid to Date	Outstanding	Incurred
Expense.....	$11,469.12	$68.82	$11,537.94
Indemnity.....	$369,106.71	$0.00	$369,106.71
Medical.....	$228,146.42	$21,000.00	$249,146.42
	$608,722.25	$21,068.82	$629,791.07

# of Claims	194		
# Open	1	Recovery Amount:	-$13,359.68

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$312.99	$0.00	$312.99
			$312.99	$0.00	$312.99
# of Claims	3				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$35.57	$0.00	$35.57
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$433.58	$0.00	$433.58
			$469.15	$0.00	$469.15
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
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		
	07/01/2020 - 06/30/2021				
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				

140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$34.37	$68.82	$103.19
Indemnity.....	.....		$7,743.85	$0.00	$7,743.85
Medical.....	.....		$32,899.46	$21,000.00	$53,899.46
			$40,677.68	$21,068.82	$61,746.50
# of Claims	5				
# Open	1	Recovery Amount:	0.00		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		

140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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**		
	07/01/2005 - 06/30/2006				
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**		
	07/01/2004 - 06/30/2005				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		

140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1998 - 06/30/1999				
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**		
	07/01/1997 - 06/30/1998				
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**		
	07/01/1996 - 06/30/1997				
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**		
	07/01/1995 - 06/30/1996				
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**		
	07/01/1994 - 06/30/1995				
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**		

140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		

141 - ATTORNEY GENERAL'S OFFICE

Grand Totals for 141 - ATTORNEY GENERAL'S OFFICE	Paid to Date	Outstanding	Incurred
Expense.....	$13,649.12	$0.00	$13,649.12
Indemnity.....	$67,132.61	$0.00	$67,132.61
Medical.....	$107,606.02	$0.00	$107,606.02
	$188,387.75	$0.00	$188,387.75

# of Claims	170		
# Open	0	Recovery Amount:	-$8,068.31

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$624.49	$0.00	$624.49
			$624.49	$0.00	$624.49
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$35.74	$0.00	$35.74
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$186.55	$0.00	$186.55
			$222.29	$0.00	$222.29
# of Claims	3				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
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		
	07/01/2021 - 06/30/2022				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$6,341.37	$0.00	$6,341.37
Indemnity.....	.....		$26,073.19	$0.00	$26,073.19
Medical.....	.....		$190.21	$0.00	$190.21
			$32,604.77	$0.00	$32,604.77
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		
	07/01/2015 - 06/30/2016				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2014 - 06/30/2015				
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**		
	07/01/2013 - 06/30/2014				
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**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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**		
	07/01/2010 - 06/30/2011				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		
	07/01/2005 - 06/30/2006				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2004 - 06/30/2005				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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142 - VA STATE CRIME COMMISSION

Grand Totals for 142 - VA STATE CRIME COMMISSION	Paid to Date	Outstanding	Incurred
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	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2018 - 06/30/2019				
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		
	07/01/1996 - 06/30/1997				
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		

144 - VETERANS CLAIMS, DIVISION OF

Grand Totals for 144 - VETERANS CLAIMS, DIVISION OF	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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144 - VETERANS CLAIMS, DIVISION OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		

146 - SCIENCE MUSEUM OF VIRGINIA

Grand Totals for 146 - SCIENCE MUSEUM OF VIRGINIA	Paid to Date	Outstanding	Incurred
Expense.....	$1,613.68	$200.00	$1,813.68
Indemnity.....	$43,840.22	$34,753.60	$78,593.82
Medical.....	$326,065.95	$83,969.15	$410,035.10
	$371,519.85	$118,922.75	$490,442.60

# of Claims	247		
# Open	2	Recovery Amount:	$0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$37.64	$200.00	$237.64
Indemnity.....	.....		$3,246.40	$34,753.60	$38,000.00
Medical.....	.....		$16,405.34	$83,969.15	$100,374.49
			$19,689.38	$118,922.75	$138,612.13
# of Claims	17				
# Open	2	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$32,648.85	$0.00	$32,648.85
			$32,648.85	$0.00	$32,648.85
# of Claims	4				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$25.34	$0.00	$25.34
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$518.99	$0.00	$518.99
			$544.33	$0.00	$544.33
# of Claims	4				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$76.20	$0.00	$76.20
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$6,860.89	$0.00	$6,860.89
			$6,937.09	$0.00	$6,937.09
# of Claims	2				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2019 - 06/30/2020				
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**		
	07/01/2018 - 06/30/2019				
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**		
	07/01/2017 - 06/30/2018				
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**		
	07/01/2016 - 06/30/2017				
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**		
	07/01/2015 - 06/30/2016				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		
	07/01/2010 - 06/30/2011				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
Expense.....	.....		$1,322.00	$0.00	$1,322.00
Indemnity.....	.....		$6,047.05	$0.00	$6,047.05
Medical.....	.....		$54,444.09	$0.00	$54,444.09
			$61,813.14	$0.00	$61,813.14
# of Claims	3				
# Open	0	Recovery Amount:	0.00		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		
	07/01/2005 - 06/30/2006				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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**		
	07/01/2000 - 06/30/2001				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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		

147 - Office of the State Inspector Gen.

Grand Totals for 147 - Office of the State Inspector Gen.	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2019 - 06/30/2020				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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147 - Office of the State Inspector Gen.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

148 - VA COMMISSION FOR THE ARTS

Grand Totals for 148 - VA COMMISSION FOR THE ARTS	Paid to Date	Outstanding	Incurred
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	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1999 - 06/30/2000				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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148 - VA COMMISSION FOR THE ARTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

150 - STATE INTERNAL AUDITORS, DEPT. OF

Grand Totals for 150 - STATE INTERNAL AUDITORS, DEPT. OF	Paid to Date	Outstanding	Incurred
Expense.....	$0.00	$0.00	$0.00
Indemnity.....	$0.00	$0.00	$0.00
Medical.....	$0.00	$0.00	$0.00
	$0.00	$0.00	$0.00

# of Claims	2		
# Open	0	Recovery Amount:	$0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1996 - 06/30/1997				
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		

151 - ACCOUNTS, DEPARTMENT OF

Grand Totals for 151 - ACCOUNTS, DEPARTMENT OF	Paid to Date	Outstanding	Incurred
Expense.....	$103.66	$0.00	$103.66
Indemnity.....	$14,815.20	$0.00	$14,815.20
Medical.....	$68,483.34	$0.00	$68,483.34
	$83,402.20	$0.00	$83,402.20

# of Claims 53
 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
	07/01/2023 - 06/30/2024			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$478.56	$0.00	$478.56
		$478.56	$0.00	$478.56
# of Claims	2			
# Open	0	Recovery Amount: 0.00		
	07/01/2022 - 06/30/2023			
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		
	07/01/2019 - 06/30/2020			
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		
	07/01/2018 - 06/30/2019			
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			

151 - ACCOUNTS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2011 - 06/30/2012				
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		
	07/01/2007 - 06/30/2008				
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		

151 - ACCOUNTS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2006 - 06/30/2007				
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		
	07/01/2005 - 06/30/2006				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		
	07/01/1999 - 06/30/2000				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

151 - ACCOUNTS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

151 - ACCOUNTS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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151 - ACCOUNTS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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**		

152 - TREASURY, DEPARTMENT OF

Grand Totals for 152 - TREASURY, DEPARTMENT OF	Paid to Date	Outstanding	Incurred
Expense.....	$28,674.20	$7,028.67	$35,702.87
Indemnity.....	$904,403.20	$74,537.53	$978,940.73
Medical.....	$723,947.95	$379,866.60	$1,103,814.55
	$1,657,025.35	$461,432.80	$2,118,458.15

# of Claims	98		
# Open	4	Recovery Amount:	$0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
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		
	07/01/2022 - 06/30/2023				
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		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$18.82	$0.00	$18.82
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$36,568.73	$158,281.72	$194,850.45
			$36,587.55	$158,281.72	$194,869.27
# of Claims	1				
# Open	1	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
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				

152 - TREASURY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2018 - 06/30/2019				
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		
	07/01/2016 - 06/30/2017				
Expense.....	.....		$20,412.30	$6,959.85	$27,372.15
Indemnity.....	.....		$472,110.33	$74,537.53	$546,647.86
Medical.....	.....		$61,730.95	$208,858.87	$270,589.82
			$554,253.58	$290,356.25	$844,609.83
# of Claims	3				
# Open	1	Recovery Amount:	0.00		
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

152 - TREASURY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2011 - 06/30/2012				
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		
	07/01/2010 - 06/30/2011				
Expense.....	.....		$1,088.88	$18.82	$1,107.70
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$175,670.47	$11,526.01	$187,196.48
			$176,759.35	$11,544.83	$188,304.18
# of Claims	7				
# Open	1	Recovery Amount:	0.00		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

152 - TREASURY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2006 - 06/30/2007				
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		
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

152 - TREASURY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		

152 - TREASURY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

152 - TREASURY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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152 - TREASURY, DEPARTMENT OF

Policy	Policy Period	Paid to Date	Outstanding	Incurred

154 - MOTOR VEHICLES, DEPT. OF

Grand Totals for 154 - MOTOR VEHICLES, DEPT. OF	Paid to Date	Outstanding	Incurred
Expense.....	$301,693.58	$29,243.05	$330,936.63
Indemnity.....	$5,847,555.46	$445,958.19	$6,293,513.65
Medical.....	$10,430,876.00	$1,912,934.76	$12,343,810.76
	$16,580,125.04	$2,388,136.00	$18,968,261.04
# of Claims 3,706			
# Open 35	**Recovery Amount:**	-$1,010,386.52	

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$432.81	$4,854.30	$5,287.11
Indemnity.....	.....		$8,305.46	$68,338.27	$76,643.73
Medical.....	.....		$68,313.55	$146,895.39	$215,208.94
			$77,051.82	$220,087.96	$297,139.78
# of Claims	110				
# Open	18	Recovery Amount:	-304.52		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$12,986.66	$6,373.45	$19,360.11
Indemnity.....	.....		$42,430.49	$66,063.59	$108,494.08
Medical.....	.....		$168,604.17	$258,484.19	$427,088.36
			$224,021.32	$330,921.23	$554,942.55
# of Claims	30				
# Open	6	Recovery Amount:	-1,175.04		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$4,123.77	$3,922.00	$8,045.77
Indemnity.....	.....		$130,134.58	$17,560.54	$147,695.12
Medical.....	.....		$365,816.32	$45,977.55	$411,793.87
			$500,074.67	$67,460.09	$567,534.76
# of Claims	57				
# Open	4	Recovery Amount:	-2,113.68		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$53,560.88	$11,548.81	$65,109.69
Indemnity.....	.....		$232,354.73	$293,995.79	$526,350.52
Medical.....	.....		$238,378.82	$956,751.48	$1,195,130.30
			$524,294.43	$1,262,296.08	$1,786,590.51
# of Claims	50				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	2	Recovery Amount:	-29,833.63		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$9,996.74	$0.00	$9,996.74
Indemnity.....	.....		$213,209.30	$0.00	$213,209.30
Medical.....	.....		$57,513.25	$0.00	$57,513.25
			$280,719.29	$0.00	$280,719.29
# of Claims	44				
# Open	0	Recovery Amount:	-11,600.17		
	07/01/2019 - 06/30/2020				
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	0	Recovery Amount:	-54,581.86		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$9,822.75	$0.00	$9,822.75
Indemnity.....	.....		$93,373.05	$0.00	$93,373.05
Medical.....	.....		$60,497.31	$0.00	$60,497.31
			$163,693.11	$0.00	$163,693.11
# of Claims	88				
# Open	0	Recovery Amount:	-15,563.55		
	07/01/2016 - 06/30/2017				
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	0	Recovery Amount:	-47,558.53		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense.....	.....		$7,948.92	$0.00	$7,948.92
Indemnity.....	.....		$55,042.46	$0.00	$55,042.46
Medical.....	.....		$236,327.21	$0.00	$236,327.21
			$299,318.59	$0.00	$299,318.59
# of Claims	98				
# Open	0	Recovery Amount:	-25,149.28		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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	0	Recovery Amount:	-29,714.31		
	07/01/2012 - 06/30/2013				
Expense.....	.....		$18,189.73	$1,214.03	$19,403.76
Indemnity.....	.....		$220,954.55	$0.00	$220,954.55
Medical.....	.....		$560,360.20	$53,447.87	$613,808.07
			$799,504.48	$54,661.90	$854,166.38
# of Claims	124				
# Open	1	Recovery Amount:	-80,672.74		
	07/01/2011 - 06/30/2012				
Expense.....	.....		$22,992.61	$0.00	$22,992.61
Indemnity.....	.....		$187,952.48	$0.00	$187,952.48
Medical.....	.....		$188,001.19	$0.00	$188,001.19
			$398,946.28	$0.00	$398,946.28
# of Claims	151				
# Open	0	Recovery Amount:	-57,552.97		

154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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:	-39,809.54		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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	0	Recovery Amount:	-47,725.23		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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	0	Recovery Amount:	-69,275.74		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense.....	.....		$15,885.54	$0.00	$15,885.54
Indemnity.....	.....		$289,278.88	$0.00	$289,278.88
Medical.....	.....		$289,433.51	$0.00	$289,433.51
			$594,597.93	$0.00	$594,597.93
# of Claims	130				
# Open	0	Recovery Amount:	-38,285.03		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
Expense.....	.....		$5,439.32	$18.82	$5,458.14
Indemnity.....	.....		$25,548.09	$0.00	$25,548.09
Medical.....	.....		$274,932.98	$27,145.94	$302,078.92
			$305,920.39	$27,164.76	$333,085.15
# of Claims	111				
# Open	1	Recovery Amount:	-6,089.19		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
Expense.....	.....		$1,476.45	$0.00	$1,476.45
Indemnity.....	.....		$20,147.84	$0.00	$20,147.84
Medical.....	.....		$335,390.65	$32,213.14	$367,603.79
			$357,014.94	$32,213.14	$389,228.08
# of Claims	119				
# Open	1	Recovery Amount:	-1,039.28		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
Expense.....	.....		$2,392.23	$0.00	$2,392.23
Indemnity.....	.....		$17,451.68	$0.00	$17,451.68
Medical.....	.....		$371,109.42	$0.00	$371,109.42
			$390,953.33	$0.00	$390,953.33
# of Claims	98				
# Open	0	Recovery Amount:	-15,269.66		
	07/01/1999 - 06/30/2000				
Expense.....	.....		$7,570.22	$18.82	$7,589.04
Indemnity.....	.....		$497,929.09	$0.00	$497,929.09
Medical.....	.....		$432,113.81	$4,922.46	$437,036.27
			$937,613.12	$4,941.28	$942,554.40
# of Claims	122				
# Open	1	Recovery Amount:	-39,303.47		
	07/01/1998 - 06/30/1999				
Expense.....	.....		$13,494.11	$0.00	$13,494.11
Indemnity.....	.....		$652,183.31	$0.00	$652,183.31
Medical.....	.....		$803,002.24	$0.00	$803,002.24
			$1,468,679.66	$0.00	$1,468,679.66
# of Claims	105				
# Open	0	Recovery Amount:	-37,794.80		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
Expense.....	.....		$7,105.67	$0.00	$7,105.67
Indemnity.....	.....		$213,565.90	$0.00	$213,565.90
Medical.....	.....		$441,712.23	$0.00	$441,712.23
			$662,383.80	$0.00	$662,383.80
# of Claims	79				
# Open	0	Recovery Amount:	-19,738.89		
	07/01/1994 - 06/30/1995				
Expense.....	.....		$6,866.33	$1,292.82	$8,159.15
Indemnity.....	.....		$399,605.95	$0.00	$399,605.95
Medical.....	.....		$675,278.96	$387,096.74	$1,062,375.70
			$1,081,751.24	$388,389.56	$1,470,140.80
# of Claims	112				
# Open	1	Recovery Amount:	-19,310.22		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period	Paid to Date	Outstanding	Incurred

156 - STATE POLICE

Grand Totals for 156 - STATE POLICE	Paid to Date	Outstanding	Incurred
Expense.....	$1,767,647.64	$1,000,043.91	$2,767,691.55
Indemnity.....	$59,282,951.44	$4,853,205.54	$64,136,156.98
Medical.....	$92,306,521.35	$30,990,974.45	$123,297,495.80
	$153,357,120.43	$36,844,223.90	$190,201,344.33

# of Claims	18,595		
# Open	351	Recovery Amount:	-$6,545,164.14

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$7,634.89	$12,929.71	$20,564.60
Indemnity.....	.....		$255,560.02	$163,599.22	$419,159.24
Medical.....	.....		$648,923.67	$1,123,259.38	$1,772,183.05
			$912,118.58	$1,299,788.31	$2,211,906.89
# of Claims	327				
# Open	82	Recovery Amount:	-12,799.97		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$19,878.45	$30,890.53	$50,768.98
Indemnity.....	.....		$861,193.34	$689,262.47	$1,550,455.81
Medical.....	.....		$1,478,332.70	$2,443,658.44	$3,921,991.14
			$2,359,404.49	$3,163,811.44	$5,523,215.93
# of Claims	372				
# Open	41	Recovery Amount:	-116,741.85		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$13,188.79	$11,380.56	$24,569.35
Indemnity.....	.....		$629,484.98	$281,701.55	$911,186.53
Medical.....	.....		$1,045,570.80	$886,977.80	$1,932,548.60
			$1,688,244.57	$1,180,059.91	$2,868,304.48
# of Claims	306				
# Open	14	Recovery Amount:	-66,148.21		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$22,089.12	$19,398.60	$41,487.72
Indemnity.....	.....		$1,182,488.92	$1,358,122.08	$2,540,611.00
Medical.....	.....		$1,552,940.79	$2,839,139.99	$4,392,080.78
			$2,757,518.83	$4,216,660.67	$6,974,179.50
# of Claims	323				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

156 - STATE POLICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	16	Recovery Amount:	-211,346.75		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$32,130.93	$30,420.14	$62,551.07
Indemnity.....	.....		$1,078,742.08	$276,754.25	$1,355,496.33
Medical.....	.....		$1,476,670.73	$150,546.05	$1,627,216.78
			$2,587,543.74	$457,720.44	$3,045,264.18
# of Claims	356				
# Open	9	Recovery Amount:	-57,019.78		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$25,271.75	$9,487.81	$34,759.56
Indemnity.....	.....		$716,070.44	$75,253.58	$791,324.02
Medical.....	.....		$1,049,647.31	$545,496.81	$1,595,144.12
			$1,790,989.50	$630,238.20	$2,421,227.70
# of Claims	354				
# Open	8	Recovery Amount:	-100,346.32		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$25,127.68	$2,588.00	$27,715.68
Indemnity.....	.....		$1,234,012.99	$397,335.45	$1,631,348.44
Medical.....	.....		$1,335,484.80	$1,589,716.28	$2,925,201.08
			$2,594,625.47	$1,989,639.73	$4,584,265.20
# of Claims	450				
# Open	11	Recovery Amount:	-265,510.37		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$70,036.54	$15,271.97	$85,308.51
Indemnity.....	.....		$2,649,721.61	$254,290.68	$2,904,012.29
Medical.....	.....		$2,336,240.28	$2,135,632.28	$4,471,872.56
			$5,055,998.43	$2,405,194.93	$7,461,193.36
# of Claims	425				
# Open	6	Recovery Amount:	-344,215.40		
	07/01/2016 - 06/30/2017				
Expense.....	.....		$49,806.62	$21,228.54	$71,035.16
Indemnity.....	.....		$1,409,124.52	$325,802.43	$1,734,926.95
Medical.....	.....		$1,908,373.59	$487,134.44	$2,395,508.03
			$3,367,304.73	$834,165.41	$4,201,470.14
# of Claims	516				
# Open	8	Recovery Amount:	-90,151.29		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

156 - STATE POLICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense			$45,724.32	$18,658.51	$64,382.83
Indemnity			$1,278,323.90	$43,557.24	$1,321,881.14
Medical			$1,678,119.07	$143,967.16	$1,822,086.23
			$3,002,167.29	$206,182.91	$3,208,350.20
# of Claims	702				
# Open	8	Recovery Amount:	-113,309.79		
	07/01/2014 - 06/30/2015				
Expense			$34,740.09	$30,300.07	$65,040.16
Indemnity			$1,252,875.96	$3,540.31	$1,256,416.27
Medical			$2,029,991.41	$347,212.09	$2,377,203.50
			$3,317,607.46	$381,052.47	$3,698,659.93
# of Claims	677				
# Open	7	Recovery Amount:	-410,613.58		
	07/01/2013 - 06/30/2014				
Expense			$43,421.55	$0.00	$43,421.55
Indemnity			$1,490,557.60	$0.00	$1,490,557.60
Medical			$2,438,269.91	$1,483,772.62	$3,922,042.53
			$3,972,249.06	$1,483,772.62	$5,456,021.68
# of Claims	928				
# Open	3	Recovery Amount:	-557,653.14		
	07/01/2012 - 06/30/2013				
Expense			$72,408.68	$4,626.82	$77,035.50
Indemnity			$3,161,700.48	$13,472.26	$3,175,172.74
Medical			$2,228,309.95	$186,383.36	$2,414,693.31
			$5,462,419.11	$204,482.44	$5,666,901.55
# of Claims	930				
# Open	4	Recovery Amount:	-236,540.61		
	07/01/2011 - 06/30/2012				
Expense			$74,011.36	$28,953.81	$102,965.17
Indemnity			$2,732,166.06	$0.00	$2,732,166.06
Medical			$3,111,845.18	$1,599,848.97	$4,711,694.15
			$5,918,022.60	$1,628,802.78	$7,546,825.38
# of Claims	939				
# Open	8	Recovery Amount:	-169,758.64		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

156 - STATE POLICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
Expense.....	.....		$65,993.94	$70,508.95	$136,502.89
Indemnity.....	.....		$1,030,493.92	$0.00	$1,030,493.92
Medical.....	.....		$2,736,678.25	$419,263.22	$3,155,941.47
			$3,833,166.11	$489,772.17	$4,322,938.28
# of Claims	528				
# Open	9	Recovery Amount:	-423,618.67		
	07/01/2009 - 06/30/2010				
Expense.....	.....		$56,563.82	$28.31	$56,592.13
Indemnity.....	.....		$1,710,879.63	$0.00	$1,710,879.63
Medical.....	.....		$3,998,779.81	$1,306,386.65	$5,305,166.46
			$5,766,223.26	$1,306,414.96	$7,072,638.22
# of Claims	446				
# Open	5	Recovery Amount:	-148,304.16		
	07/01/2008 - 06/30/2009				
Expense.....	.....		$74,778.62	$29,285.72	$104,064.34
Indemnity.....	.....		$1,168,838.04	$0.00	$1,168,838.04
Medical.....	.....		$1,080,520.54	$642,368.98	$1,722,889.52
			$2,324,137.20	$671,654.70	$2,995,791.90
# of Claims	407				
# Open	5	Recovery Amount:	-84,190.96		
	07/01/2007 - 06/30/2008				
Expense.....	.....		$108,242.07	$41,117.88	$149,359.95
Indemnity.....	.....		$1,537,853.41	$0.00	$1,537,853.41
Medical.....	.....		$2,873,627.48	$916,281.56	$3,789,909.04
			$4,519,722.96	$957,399.44	$5,477,122.40
# of Claims	346				
# Open	7	Recovery Amount:	-260,963.03		
	07/01/2006 - 06/30/2007				
Expense.....	.....		$172,097.01	$51,432.09	$223,529.10
Indemnity.....	.....		$2,006,046.10	$0.03	$2,006,046.13
Medical.....	.....		$2,190,519.84	$1,201,064.23	$3,391,584.07
			$4,368,662.95	$1,252,496.35	$5,621,159.30
# of Claims	466				
# Open	4	Recovery Amount:	-328,661.41		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

156 - STATE POLICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense.....	.....		$70,082.37	$76,446.36	$146,528.73
Indemnity.....	.....		$1,801,077.71	$0.00	$1,801,077.71
Medical.....	.....		$2,403,425.32	$350,209.49	$2,753,634.81
			$4,274,585.40	$426,655.85	$4,701,241.25
# of Claims	492				
# Open	9	Recovery Amount:	-119,960.10		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$34,865.04	$15,280.31	$50,145.35
Indemnity.....	.....		$606,743.03	$0.01	$606,743.04
Medical.....	.....		$1,851,984.08	$246,618.23	$2,098,602.31
			$2,493,592.15	$261,898.55	$2,755,490.70
# of Claims	407				
# Open	5	Recovery Amount:	-127,817.86		
	07/01/2003 - 06/30/2004				
Expense.....	.....		$40,321.06	$18,900.67	$59,221.73
Indemnity.....	.....		$1,980,649.23	$0.00	$1,980,649.23
Medical.....	.....		$2,388,833.01	$231,480.78	$2,620,313.79
			$4,409,803.30	$250,381.45	$4,660,184.75
# of Claims	446				
# Open	6	Recovery Amount:	-128,086.98		
	07/01/2002 - 06/30/2003				
Expense.....	.....		$60,075.80	$31,597.56	$91,673.36
Indemnity.....	.....		$2,760,724.69	$0.00	$2,760,724.69
Medical.....	.....		$2,674,104.72	$654,244.56	$3,328,349.28
			$5,494,905.21	$685,842.12	$6,180,747.33
# of Claims	442				
# Open	6	Recovery Amount:	-204,287.45		
	07/01/2001 - 06/30/2002				
Expense.....	.....		$77,385.45	$118,343.01	$195,728.46
Indemnity.....	.....		$2,189,644.71	$612,587.60	$2,802,232.31
Medical.....	.....		$2,768,751.27	$1,219,674.03	$3,988,425.30
			$5,035,781.43	$1,950,604.64	$6,986,386.07
# of Claims	392				
# Open	10	Recovery Amount:	-57,931.00		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

156 - STATE POLICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
Expense.....	.....		$48,673.71	$36,262.95	$84,936.66
Indemnity.....	.....		$2,290,375.20	$0.00	$2,290,375.20
Medical.....	.....		$2,927,573.85	$327,713.79	$3,255,287.64
			$5,266,622.76	$363,976.74	$5,630,599.50
# of Claims	440				
# Open	5	Recovery Amount:	-580,669.92		
	07/01/1999 - 06/30/2000				
Expense.....	.....		$25,839.34	$2,699.99	$28,539.33
Indemnity.....	.....		$1,844,163.03	$0.00	$1,844,163.03
Medical.....	.....		$1,402,583.12	$141,175.45	$1,543,758.57
			$3,272,585.49	$143,875.44	$3,416,460.93
# of Claims	433				
# Open	3	Recovery Amount:	-116,545.59		
	07/01/1998 - 06/30/1999				
Expense.....	.....		$12,850.73	$23,507.58	$36,358.31
Indemnity.....	.....		$363,906.43	$0.00	$363,906.43
Medical.....	.....		$1,145,162.76	$343,648.21	$1,488,810.97
			$1,521,919.92	$367,155.79	$1,889,075.71
# of Claims	432				
# Open	5	Recovery Amount:	-195,061.87		
	07/01/1997 - 06/30/1998				
Expense.....	.....		$34,391.44	$63,966.90	$98,358.34
Indemnity.....	.....		$917,057.05	$0.00	$917,057.05
Medical.....	.....		$1,757,645.45	$440,135.14	$2,197,780.59
			$2,709,093.94	$504,102.04	$3,213,195.98
# of Claims	453				
# Open	5	Recovery Amount:	-155,003.19		
	07/01/1996 - 06/30/1997				
Expense.....	.....		$1,312.52	$155.54	$1,468.06
Indemnity.....	.....		$687,892.42	$0.00	$687,892.42
Medical.....	.....		$660,793.27	$8,706.25	$669,499.52
			$1,349,998.21	$8,861.79	$1,358,860.00
# of Claims	432				
# Open	1	Recovery Amount:	-41,062.16		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

156 - STATE POLICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
Expense.....	.....		$31,538.07	$57,651.45	$89,189.52
Indemnity.....	.....		$1,622,514.02	$0.00	$1,622,514.02
Medical.....	.....		$3,936,172.31	$1,162,013.01	$5,098,185.32
			$5,590,224.40	$1,219,664.46	$6,809,888.86
# of Claims	480				
# Open	10	Recovery Amount:	-80,621.80		
	07/01/1994 - 06/30/1995				
Expense.....	.....		$13,995.94	$18,851.42	$32,847.36
Indemnity.....	.....		$1,451,944.54	$0.00	$1,451,944.54
Medical.....	.....		$3,131,923.50	$272,211.09	$3,404,134.59
			$4,597,863.98	$291,062.51	$4,888,926.49
# of Claims	496				
# Open	4	Recovery Amount:	-127,266.87		
	07/01/1993 - 06/30/1994				
Expense.....	.....		$33,599.59	$43,022.22	$76,621.81
Indemnity.....	.....		$3,343,202.26	$357,926.38	$3,701,128.64
Medical.....	.....		$8,351,651.78	$3,801,532.07	$12,153,183.85
			$11,728,453.63	$4,202,480.67	$15,930,934.30
# of Claims	565				
# Open	8	Recovery Amount:	-120,374.61		
	07/01/1992 - 06/30/1993				
Expense.....	.....		$10,724.91	$18.82	$10,743.73
Indemnity.....	.....		$1,789,827.14	$0.00	$1,789,827.14
Medical.....	.....		$5,904,114.60	$234,078.69	$6,138,193.29
			$7,704,666.65	$234,097.51	$7,938,764.16
# of Claims	508				
# Open	2	Recovery Amount:	-90,694.06		
	07/01/1991 - 06/30/1992				
Expense.....	.....		$43,203.18	$15,593.57	$58,796.75
Indemnity.....	.....		$1,894,977.01	$0.00	$1,894,977.01
Medical.....	.....		$3,895,132.12	$136,662.36	$4,031,794.48
			$5,833,312.31	$152,255.93	$5,985,568.24
# of Claims	515				
# Open	3	Recovery Amount:	-37,936.71		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

156 - STATE POLICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
Expense.....	.....		$50,459.24	$34,556.81	$85,016.05
Indemnity.....	.....		$1,939,357.72	$0.00	$1,939,357.72
Medical.....	.....		$2,951,664.39	$278,693.67	$3,230,358.06
			$4,941,481.35	$313,250.48	$5,254,731.83
# of Claims	434				
# Open	7	Recovery Amount:	-23,338.43		
	07/01/1989 - 06/30/1990				
Expense.....	.....		$15,955.78	$18.82	$15,974.60
Indemnity.....	.....		$600,020.58	$0.00	$600,020.58
Medical.....	.....		$1,333,248.05	$128,545.41	$1,461,793.46
			$1,949,224.41	$128,564.23	$2,077,788.64
# of Claims	513				
# Open	2	Recovery Amount:	-6,843.40		
	07/01/1988 - 06/30/1989				
Expense.....	.....		$90,335.32	$37.64	$90,372.96
Indemnity.....	.....		$1,952,505.21	$0.00	$1,952,505.21
Medical.....	.....		$3,714,654.44	$267,012.64	$3,981,667.08
			$5,757,494.97	$267,050.28	$6,024,545.25
# of Claims	301				
# Open	3	Recovery Amount:	-114,119.35		
	07/01/1987 - 06/30/1988				
Expense.....	.....		$23,285.12	$0.00	$23,285.12
Indemnity.....	.....		$939,542.73	$0.00	$939,542.73
Medical.....	.....		$917,732.08	$0.00	$917,732.08
			$1,880,559.93	$0.00	$1,880,559.93
# of Claims	319				
# Open	0	Recovery Amount:	-126,193.60		
	07/01/1986 - 06/30/1987				
Expense.....	.....		$35,606.80	$14,624.27	$50,231.07
Indemnity.....	.....		$920,692.73	$0.00	$920,692.73
Medical.....	.....		$990,525.12	$298,509.27	$1,289,034.39
			$1,946,824.65	$313,133.54	$2,259,958.19
# of Claims	297				
# Open	2	Recovery Amount:	-93,455.26		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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156 - STATE POLICE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

157 - COMPENSATION BOARD

Grand Totals for 157 - COMPENSATION BOARD	Paid to Date	Outstanding	Incurred
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	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2018 - 06/30/2019				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2005 - 06/30/2006				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

157 - COMPENSATION BOARD

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1997 - 06/30/1998				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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157 - COMPENSATION BOARD

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1996 - 06/30/1997				
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**		

158 - VA RETIREMENT SYSTEM

Grand Totals for 158 - VA RETIREMENT SYSTEM	Paid to Date	Outstanding	Incurred
Expense.....	$6,179.04	$1,000.00	$7,179.04
Indemnity.....	$427,004.72	$0.00	$427,004.72
Medical.....	$443,578.94	$40,462.84	$484,041.78
	$876,762.70	$41,462.84	$918,225.54

# of Claims 126
 # Open 1 **Recovery Amount:** -$33,481.97

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2021 - 06/30/2022				
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		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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				

158 - VA RETIREMENT SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2016 - 06/30/2017				
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		
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		

158 - VA RETIREMENT SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
Expense.....	.....		$6,018.28	$1,000.00	$7,018.28
Indemnity.....	.....		$407,526.12	$0.00	$407,526.12
Medical.....	.....		$354,188.06	$40,462.84	$394,650.90
			$767,732.46	$41,462.84	$809,195.30
# of Claims	5				
# Open	1	Recovery Amount:	-32,785.17		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

158 - VA RETIREMENT SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

158 - VA RETIREMENT SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

158 - VA RETIREMENT SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

158 - VA RETIREMENT SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

07/1/2025 9:21:04 AM

160 - VA Criminal Sentencing Commission

Grand Totals for 160 - VA Criminal Sentencing Commission	Paid to Date	Outstanding	Incurred
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	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2021 - 06/30/2022				
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**		

161 - TAXATION, DEPARTMENT OF

Grand Totals for 161 - TAXATION, DEPARTMENT OF			Paid to Date	Outstanding	Incurred
Expense			$16,135.45	$431.18	$16,566.63
Indemnity			$817,247.86	$47,849.58	$865,097.44
Medical			$785,317.55	$59,867.62	$845,185.17
			$1,618,700.86	$108,148.38	$1,726,849.24
# of Claims	583				
# Open	3	**Recovery Amount:**	-$181,237.65		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense			$18.82	$100.00	$118.82
Indemnity			$1,870.74	$17,353.70	$19,224.44
Medical			$11,363.38	$14,882.21	$26,245.59
			$13,252.94	$32,335.91	$45,588.85
# of Claims	5				
# Open	1	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense			$18.82	$100.00	$118.82
Indemnity			$0.00	$13,000.00	$13,000.00
Medical			$4,909.09	$4,000.00	$8,909.09
			$4,927.91	$17,100.00	$22,027.91
# of Claims	5				
# Open	1	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense			$18.82	$231.18	$250.00
Indemnity			$12,438.40	$17,495.88	$29,934.28
Medical			$119,190.85	$40,985.41	$160,176.26
			$131,648.07	$58,712.47	$190,360.54
# of Claims	6				
# Open	1	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense			$69.99	$0.00	$69.99
Indemnity			$2,328.64	$0.00	$2,328.64
Medical			$28,173.24	$0.00	$28,173.24
			$30,571.87	$0.00	$30,571.87
# of Claims	6				

161 - TAXATION, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

161 - TAXATION, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense.....	.....		$225.54	$0.00	$225.54
Indemnity.....	.....		$10,455.70	$0.00	$10,455.70
Medical.....	.....		$88,332.30	$0.00	$88,332.30
			$99,013.54	$0.00	$99,013.54
# of Claims	10				
# Open	0	Recovery Amount:	-55,618.65		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		

161 - TAXATION, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		

161 - TAXATION, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		

161 - TAXATION, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		

161 - TAXATION, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		

161 - TAXATION, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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161 - TAXATION, DEPARTMENT OF

Policy	Policy Period	Paid to Date	Outstanding	Incurred

163 - AGING, DEPT. OF

Grand Totals for 163 - AGING, DEPT. OF			Paid to Date	Outstanding	Incurred
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	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2011 - 06/30/2012				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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163 - AGING, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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**		
	07/01/1988 - 06/30/1989				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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164 - VA Mgmt. Fellows Prgrm. Admin.

Grand Totals for 164 - VA Mgmt. Fellows Prgrm. Admin.	Paid to Date	Outstanding	Incurred
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	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2019 - 06/30/2020				
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**		

165 - HOUSING & COMMUNITY DEVELOPMENT

Grand Totals for 165 - HOUSING & COMMUNITY DEVELOPMENT	Paid to Date	Outstanding	Incurred
Expense.....	$350.71	$0.00	$350.71
Indemnity.....	$26,644.13	$0.00	$26,644.13
Medical.....	$112,278.79	$0.00	$112,278.79
	$139,273.63	$0.00	$139,273.63

# of Claims 66
 # Open 0 **Recovery Amount:** -$9,834.19

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2022 - 06/30/2023				
Expense.....	.....		$29.66	$0.00	$29.66
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$29.66	$0.00	$29.66
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2018 - 06/30/2019				
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		
	07/01/2016 - 06/30/2017				
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		
	07/01/2015 - 06/30/2016				
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				

165 - HOUSING & COMMUNITY DEVELOPMENT

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2014 - 06/30/2015				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

165 - HOUSING & COMMUNITY DEVELOPMENT

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

165 - HOUSING & COMMUNITY DEVELOPMENT

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2003 - 06/30/2004				
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		
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		

165 - HOUSING & COMMUNITY DEVELOPMENT

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		

165 - HOUSING & COMMUNITY DEVELOPMENT

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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165 - HOUSING & COMMUNITY DEVELOPMENT

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

166 - SECRETARY OF THE COMMONWEALTH

Grand Totals for 166 - SECRETARY OF THE COMMONWEALTH	Paid to Date	Outstanding	Incurred
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	23		
# Open	0	Recovery Amount:	$0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2023 - 06/30/2024				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
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		
	07/01/2017 - 06/30/2018				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

166 - SECRETARY OF THE COMMONWEALTH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2016 - 06/30/2017				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		
	07/01/2010 - 06/30/2011				
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		
	07/01/2008 - 06/30/2009				
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		

166 - SECRETARY OF THE COMMONWEALTH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2006 - 06/30/2007				
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**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2001 - 06/30/2002				
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**		
	07/01/1999 - 06/30/2000				
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**		
	07/01/1998 - 06/30/1999				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

166 - SECRETARY OF THE COMMONWEALTH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1987 - 06/30/1988				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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166 - SECRETARY OF THE COMMONWEALTH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1986 - 06/30/1987				
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**		

171 - STATE CORPORATION COMMISSION

Grand Totals for 171 - STATE CORPORATION COMMISSION	Paid to Date	Outstanding	Incurred
Expense.....	$2,364.84	$50.00	$2,414.84
Indemnity.....	$45,605.69	$0.00	$45,605.69
Medical.....	$273,677.01	$1,200.00	$274,877.01
	$321,647.54	$1,250.00	$322,897.54

# of Claims 226
 # Open 1 **Recovery Amount:** -$16,685.80

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
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		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$18.82	$0.00	$18.82
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$3,006.05	$0.00	$3,006.05
			$3,024.87	$0.00	$3,024.87
# of Claims	6				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$110.22	$0.00	$110.22
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,625.90	$0.00	$1,625.90
			$1,736.12	$0.00	$1,736.12
# of Claims	3				
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

171 - STATE CORPORATION COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		
	07/01/2015 - 06/30/2016				
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		

171 - STATE CORPORATION COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		
	07/01/2010 - 06/30/2011				
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		

171 - STATE CORPORATION COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		
	07/01/2005 - 06/30/2006				
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		

171 - STATE CORPORATION COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

171 - STATE CORPORATION COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		
	07/01/1994 - 06/30/1995				
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		

171 - STATE CORPORATION COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		

171 - STATE CORPORATION COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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		

172 - Virginia Lottery

Grand Totals for 172 - Virginia Lottery	Paid to Date	Outstanding	Incurred
Expense.....	$8,836.33	$3,424.58	$12,260.91
Indemnity.....	$679,117.73	$173,525.10	$852,642.83
Medical.....	$808,654.20	$70,601.85	$879,256.05
	$1,496,608.26	$247,551.53	$1,744,159.79

# of Claims	378		
# Open	2	Recovery Amount:	-$16,055.18

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$0.00	$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		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$21.11	$0.00	$21.11
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$7,414.07	$0.00	$7,414.07
			$7,435.18	$0.00	$7,435.18
# of Claims	7				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$97.31	$0.00	$97.31
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$5,800.42	$0.00	$5,800.42
			$5,897.73	$0.00	$5,897.73
# of Claims	10				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$575.42	$3,424.58	$4,000.00
Indemnity.....	.....		$313,716.04	$173,525.10	$487,241.14
Medical.....	.....		$23,344.39	$70,601.85	$93,946.24
			$337,635.85	$247,551.53	$585,187.38
# of Claims	8				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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172 - Virginia Lottery

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**2**	**Recovery Amount:**	**-3,103.76**		
	07/01/2020 - 06/30/2021				
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	**0**	**Recovery Amount:**	**-139.16**		
	07/01/2019 - 06/30/2020				
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**		
	07/01/2018 - 06/30/2019				
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**		
	07/01/2017 - 06/30/2018				
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**		
	07/01/2016 - 06/30/2017				
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**		

172 - Virginia Lottery

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

172 - Virginia Lottery

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

172 - Virginia Lottery

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

172 - Virginia Lottery

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

172 - Virginia Lottery

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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172 - Virginia Lottery

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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**		

173 - DEPARTMENT OF CHARITABLE GAMING

Grand Totals for 173 - DEPARTMENT OF CHARITABLE GAMING	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		
	07/01/2005 - 06/30/2006				
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		
	07/01/2003 - 06/30/2004				
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				

173 - DEPARTMENT OF CHARITABLE GAMING

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2002 - 06/30/2003				
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		

174 - Commonwealth Savers Plan

Grand Totals for 174 - Commonwealth Savers Plan	Paid to Date	Outstanding	Incurred
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	9		
# Open	0	Recovery Amount:	-$11,498.93

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2023 - 06/30/2024				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		
	07/01/2014 - 06/30/2015				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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174 - Commonwealth Savers Plan

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2011 - 06/30/2012				
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**		
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
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**		

175 - VA Office of Protection & Advocacy

Grand Totals for 175 - VA Office of Protection & Advocacy	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2012 - 06/30/2013				
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		
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2007 - 06/30/2008				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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175 - VA Office of Protection & Advocacy

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2005 - 06/30/2006				
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**		
	07/01/2003 - 06/30/2004				
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**		

180 - ADMINISTRATION, SECRETARY OF

Grand Totals for 180 - ADMINISTRATION, SECRETARY OF	Paid to Date	Outstanding	Incurred
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 7
 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2023 - 06/30/2024				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2014 - 06/30/2015				
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		
	07/01/2011 - 06/30/2012				
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		
	07/01/2008 - 06/30/2009				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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180 - ADMINISTRATION, SECRETARY OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/1999 - 06/30/2000				
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**		
	07/01/1988 - 06/30/1989				
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**		

181 - LABOR AND INDUSTRY, DEPT OF

Grand Totals for 181 - LABOR AND INDUSTRY, DEPT OF	Paid to Date	Outstanding	Incurred
Expense.....	$3,929.36	$0.00	$3,929.36
Indemnity.....	$103,036.67	$0.00	$103,036.67
Medical.....	$423,419.96	$0.00	$423,419.96
	$530,385.99	$0.00	$530,385.99
# of Claims 249			
# Open 0	Recovery Amount: -$95,381.03		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$72.82	$0.00	$72.82
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$72.82	$0.00	$72.82
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
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		
	07/01/2020 - 06/30/2021				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2018 - 06/30/2019				
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		
	07/01/2016 - 06/30/2017				
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		
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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**		
	07/01/2010 - 06/30/2011				
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**		
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
Expense			**$2,166.22**	**$0.00**	**$2,166.22**
Indemnity			**$37,279.94**	**$0.00**	**$37,279.94**
Medical			**$197,093.27**	**$0.00**	**$197,093.27**
			$236,539.43	**$0.00**	**$236,539.43**
# of Claims	**8**				
# Open	**0**	**Recovery Amount:**	**-25,000.00**		
	07/01/2000 - 06/30/2001				
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**		
	07/01/1999 - 06/30/2000				
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**		
	07/01/1998 - 06/30/1999				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

07/1/2025 9:21:04 AM

181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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**		

182 - VIRGINIA EMPLOYMENT COMMISSION

Grand Totals for 182 - VIRGINIA EMPLOYMENT COMMISSION	Paid to Date	Outstanding	Incurred
Expense.....	$72,896.67	$241.44	$73,138.11
Indemnity.....	$1,367,763.23	$18,722.81	$1,386,486.04
Medical.....	$1,906,882.39	$168,406.31	$2,075,288.70
	$3,347,542.29	$187,370.56	$3,534,912.85

# of Claims 1,183
 # Open 5 **Recovery Amount:** -$58,542.01

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$74.67	$0.00	$74.67
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$23.26	$0.00	$23.26
			$97.93	$0.00	$97.93
# of Claims	12				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$3.50	$0.00	$3.50
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$3,147.99	$0.00	$3,147.99
			$3,151.49	$0.00	$3,151.49
# of Claims	20				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$258.81	$50.00	$308.81
Indemnity.....	.....		$6,643.14	$0.00	$6,643.14
Medical.....	.....		$34,012.62	$1,833.09	$35,845.71
			$40,914.57	$1,883.09	$42,797.66
# of Claims	28				
# Open	1	Recovery Amount:	-247.68		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$104.10	$153.80	$257.90
Indemnity.....	.....		$4,336.90	$3,722.81	$8,059.71
Medical.....	.....		$6,303.47	$9,105.67	$15,409.14
			$10,744.47	$12,982.28	$23,726.75
# of Claims	19				

182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	1	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		

182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense.....	.....		$37,306.02	$18.82	$37,324.84
Indemnity.....	.....		$198,405.87	$15,000.00	$213,405.87
Medical.....	.....		$73,833.97	$87,369.46	$161,203.43
			$309,545.86	$102,388.28	$411,934.14
# of Claims	24				
# Open	1	Recovery Amount:	0.00		
	07/01/2014 - 06/30/2015				
Expense.....	.....		$11,501.23	$18.82	$11,520.05
Indemnity.....	.....		$393,391.59	$0.00	$393,391.59
Medical.....	.....		$230,617.76	$65,098.09	$295,715.85
			$635,510.58	$65,116.91	$700,627.49
# of Claims	26				
# Open	1	Recovery Amount:	0.00		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		

182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		

182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense			**$986.32**	**$0.00**	**$986.32**
Indemnity			**$140,561.79**	**$0.00**	**$140,561.79**
Medical			**$258,188.56**	**$5,000.00**	**$263,188.56**
			$399,736.67	**$5,000.00**	**$404,736.67**
# of Claims	**34**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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**		

182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		

182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period	Paid to Date	Outstanding	Incurred

183 - Natural and Hist. Resources, Secy.

Grand Totals for 183 - Natural and Hist. Resources, Secy.	Paid to Date	Outstanding	Incurred
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
	07/01/2016 - 06/30/2017				
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		
	07/01/1987 - 06/30/1988				
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		

186 - TRANSPORTATION, SECRETARY OF

Grand Totals for 186 - TRANSPORTATION, SECRETARY OF	Paid to Date	Outstanding	Incurred
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	Policy Period	Paid to Date	Outstanding	Incurred
	07/01/2017 - 06/30/2018			
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		
	07/01/2016 - 06/30/2017			
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		
	07/01/1997 - 06/30/1998			
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		
	07/01/1995 - 06/30/1996			
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			

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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186 - TRANSPORTATION, SECRETARY OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		

187 - PUBLIC SAFETY, SECRETARY OF

Grand Totals for 187 - PUBLIC SAFETY, SECRETARY OF	Paid to Date	Outstanding	Incurred
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	Policy Period	Paid to Date	Outstanding	Incurred
	07/01/1999 - 06/30/2000			
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

188 - HEALTH & HUMAN RESOURCES, SEC OF

Grand Totals for 188 - HEALTH & HUMAN RESOURCES, SEC OF	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2004 - 06/30/2005				
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		
	07/01/1999 - 06/30/2000				
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		

191 - VA WORKERS' COMP. COMMISSION

Grand Totals for 191 - VA WORKERS' COMP. COMMISSION	Paid to Date	Outstanding	Incurred
Expense.....	$14,287.83	$97.64	$14,385.47
Indemnity.....	$270,172.43	$0.00	$270,172.43
Medical.....	$1,231,741.16	$444,485.54	$1,676,226.70
	$1,516,201.42	$444,583.18	$1,960,784.60

# of Claims	298		
# Open	3	Recovery Amount:	-$26,053.84

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2023 - 06/30/2024				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$489.40	$0.00	$489.40
			$489.40	$0.00	$489.40
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
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		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
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				

191 - VA WORKERS' COMP. COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	-1,328.65		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
Expense.....	.....		$16.00	$0.00	$16.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$6,976.20	$0.00	$6,976.20
			$6,992.20	$0.00	$6,992.20
# of Claims	14				
# Open	0	Recovery Amount:	0.00		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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191 - VA WORKERS' COMP. COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2013 - 06/30/2014				
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**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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**		
	07/01/2010 - 06/30/2011				
Expense			**$4,989.86**	**$18.82**	**$5,008.68**
Indemnity			**$160,991.97**	**$0.00**	**$160,991.97**
Medical			**$136,590.42**	**$249,848.25**	**$386,438.67**
			$302,572.25	**$249,867.07**	**$552,439.32**
# of Claims	**8**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2009 - 06/30/2010				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

191 - VA WORKERS' COMP. COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2008 - 06/30/2009				
Expense.....	.....		$2,358.12	$78.82	$2,436.94
Indemnity.....	.....		$5,111.78	$0.00	$5,111.78
Medical.....	.....		$428,812.92	$194,637.29	$623,450.21
			$436,282.82	$194,716.11	$630,998.93
# of Claims	9				
# Open	2	Recovery Amount:	0.00		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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191 - VA WORKERS' COMP. COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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**		
	07/01/2000 - 06/30/2001				
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**		
	07/01/1999 - 06/30/2000				
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**		

191 - VA WORKERS' COMP. COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

191 - VA WORKERS' COMP. COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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191 - VA WORKERS' COMP. COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

192 - COMMERCE AND TRADE, SECRETARY OF

Grand Totals for 192 - COMMERCE AND TRADE, SECRETARY OF	Paid to Date	Outstanding	Incurred
Expense.....	$0.00	$0.00	$0.00
Indemnity.....	$0.00	$0.00	$0.00
Medical.....	$0.00	$0.00	$0.00
	$0.00	$0.00	$0.00

# of Claims	2		
# Open	0	Recovery Amount:	$0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		

194 - DEPT. OF GENERAL SERVICES

Grand Totals for 194 - DEPT. OF GENERAL SERVICES	Paid to Date	Outstanding	Incurred
Expense.....	$76,229.93	$9,802.56	$86,032.49
Indemnity.....	$1,915,876.86	$145,930.49	$2,061,807.35
Medical.....	$3,152,875.93	$2,228,141.71	$5,381,017.64
	$5,144,982.72	$2,383,874.76	$7,528,857.48

# of Claims	2,239		
# Open	11	Recovery Amount:	-$42,268.12

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$132.01	$356.46	$488.47
Indemnity.....	.....		$5,343.42	$24,579.38	$29,922.80
Medical.....	.....		$3,583.30	$33,939.97	$37,523.27
			$9,058.73	$58,875.81	$67,934.54
# of Claims	41				
# Open	5	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$247.29	$0.00	$247.29
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$5,098.19	$0.00	$5,098.19
			$5,345.48	$0.00	$5,345.48
# of Claims	31				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$66.82	$0.00	$66.82
Indemnity.....	.....		$9,299.29	$0.00	$9,299.29
Medical.....	.....		$31,201.59	$0.00	$31,201.59
			$40,567.70	$0.00	$40,567.70
# of Claims	19				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
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	29				

194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$8,882.79	$4,762.82	$13,645.61
Indemnity.....	.....		$68,726.92	$83,028.83	$151,755.75
Medical.....	.....		$96,237.30	$7,133.88	$103,371.18
			$173,847.01	$94,925.53	$268,772.54
# of Claims	25				
# Open	1	Recovery Amount:	-521.29		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$6,682.10	$4,626.82	$11,308.92
Indemnity.....	.....		$147,254.65	$38,322.28	$185,576.93
Medical.....	.....		$131,747.42	$2,593.22	$134,340.64
			$285,684.17	$45,542.32	$331,226.49
# of Claims	23				
# Open	1	Recovery Amount:	0.00		
	07/01/2016 - 06/30/2017				
Expense.....	.....		$5,371.45	$18.82	$5,390.27
Indemnity.....	.....		$7,230.24	$0.00	$7,230.24
Medical.....	.....		$147,198.36	$594,329.49	$741,527.85
			$159,800.05	$594,348.31	$754,148.36
# of Claims	23				
# Open	1	Recovery Amount:	0.00		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
Expense.....	.....		$10,717.01	$0.00	$10,717.01
Indemnity.....	.....		$384,758.30	$0.00	$384,758.30
Medical.....	.....		$453,697.27	$745,543.94	$1,199,241.21
			$849,172.58	$745,543.94	$1,594,716.52
# of Claims	25				
# Open	1	Recovery Amount:	0.00		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		

194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		

194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
Expense			**$7,753.00**	**$18.82**	**$7,771.82**
Indemnity			**$175,176.78**	**$0.00**	**$175,176.78**
Medical			**$210,667.15**	**$321,314.72**	**$531,981.87**
			$393,596.93	**$321,333.54**	**$714,930.47**
# of Claims	**53**				
# Open	**1**	**Recovery Amount:**	**0.00**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
Expense.....	.....		$6,176.40	$18.82	$6,195.22
Indemnity.....	.....		$211,419.18	$0.00	$211,419.18
Medical.....	.....		$895,129.51	$523,286.49	$1,418,416.00
			$1,112,725.09	$523,305.31	$1,636,030.40
# of Claims	78				
# Open	1	Recovery Amount:	-301.00		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

198 - CHILDREN, DEPARTMENT OF

Grand Totals for 198 - CHILDREN, DEPARTMENT OF	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1986 - 06/30/1987				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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198 - CHILDREN, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		

199 - DEPT. CONSERVATION & RECREATION

Grand Totals for 199 - DEPT. CONSERVATION & RECREATION	Paid to Date	Outstanding	Incurred
Expense.....	$78,866.12	$1,139.63	$80,005.75
Indemnity.....	$1,819,592.04	$32,416.99	$1,852,009.03
Medical.....	$5,148,438.26	$1,413,771.04	$6,562,209.30
	$7,046,896.42	$1,447,327.66	$8,494,224.08

# of Claims 4,443
 # Open 28 **Recovery Amount:** -$93,531.31

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$644.80	$1,015.65	$1,660.45
Indemnity.....	.....		$28,788.83	$20,329.99	$49,118.82
Medical.....	.....		$118,701.55	$90,356.71	$209,058.26
			$148,135.18	$111,702.35	$259,837.53
# of Claims	262				
# Open	20	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$1,271.51	$67.52	$1,339.03
Indemnity.....	.....		$6,465.77	$12,087.00	$18,552.77
Medical.....	.....		$193,876.10	$75,533.32	$269,409.42
			$201,613.38	$87,687.84	$289,301.22
# of Claims	184				
# Open	2	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$592.78	$0.00	$592.78
Indemnity.....	.....		$11,695.64	$0.00	$11,695.64
Medical.....	.....		$65,982.36	$0.00	$65,982.36
			$78,270.78	$0.00	$78,270.78
# of Claims	100				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$1,505.57	$18.82	$1,524.39
Indemnity.....	.....		$8,174.41	$0.00	$8,174.41
Medical.....	.....		$275,218.73	$1,014,681.22	$1,289,899.95
			$284,898.71	$1,014,700.04	$1,299,598.75
# of Claims	129				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	1	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$703.21	$0.00	$703.21
Indemnity.....	.....		$2,886.41	$0.00	$2,886.41
Medical.....	.....		$90,886.64	$0.00	$90,886.64
			$94,476.26	$0.00	$94,476.26
# of Claims	95				
# Open	0	Recovery Amount:	-1,577.08		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$5,761.70	$0.00	$5,761.70
Indemnity.....	.....		$101,414.61	$0.00	$101,414.61
Medical.....	.....		$176,296.09	$14,900.94	$191,197.03
			$283,472.40	$14,900.94	$298,373.34
# of Claims	134				
# Open	1	Recovery Amount:	0.00		
	07/01/2016 - 06/30/2017				
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		

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		
	07/01/2014 - 06/30/2015				
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**		
	07/01/2013 - 06/30/2014				
Expense			**$2,888.50**	**$18.82**	**$2,907.32**
Indemnity			**$82,312.25**	**$0.00**	**$82,312.25**
Medical			**$175,373.78**	**$4,953.94**	**$180,327.72**
			$260,574.53	**$4,972.76**	**$265,547.29**
# of Claims	**126**				
# Open	**1**	**Recovery Amount:**	**-4,270.70**		
	07/01/2012 - 06/30/2013				
Expense			**$6,299.96**	**$0.00**	**$6,299.96**
Indemnity			**$154,229.98**	**$0.00**	**$154,229.98**
Medical			**$465,512.09**	**$0.00**	**$465,512.09**
			$626,042.03	**$0.00**	**$626,042.03**
# of Claims	**129**				
# Open	**0**	**Recovery Amount:**	**-47,120.39**		
	07/01/2011 - 06/30/2012				
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**		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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**		
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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**		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense			**$3,564.00**	**$0.00**	**$3,564.00**
Indemnity			**$108,109.99**	**$0.00**	**$108,109.99**
Medical			**$269,840.24**	**$0.00**	**$269,840.24**
			$381,514.23	**$0.00**	**$381,514.23**
# of Claims	**128**				
# Open	**1**	**Recovery Amount:**	**-2,906.98**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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**		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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**		
	07/01/1999 - 06/30/2000				
Expense			**$10,424.00**	**$0.00**	**$10,424.00**
Indemnity			**$299,019.13**	**$0.00**	**$299,019.13**
Medical			**$177,550.63**	**$27,469.42**	**$205,020.05**
			$486,993.76	**$27,469.42**	**$514,463.18**
# of Claims	**103**				
# Open	**1**	**Recovery Amount:**	**-195.04**		
	07/01/1998 - 06/30/1999				
Expense			**$301.32**	**$0.00**	**$301.32**
Indemnity			**$11,411.14**	**$0.00**	**$11,411.14**
Medical			**$60,028.51**	**$0.00**	**$60,028.51**
			$71,740.97	**$0.00**	**$71,740.97**
# of Claims	**90**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/1997 - 06/30/1998				
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**		
	07/01/1996 - 06/30/1997				
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**		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
Expense			**$3,277.74**	**$18.82**	**$3,296.56**
Indemnity			**$16,936.79**	**$0.00**	**$16,936.79**
Medical			**$151,882.25**	**$185,875.49**	**$337,757.74**
			$172,096.78	**$185,894.31**	**$357,991.09**
# of Claims	**36**				
# Open	**1**	**Recovery Amount:**	**0.00**		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period	Paid to Date	Outstanding	Incurred

201 - EDUCATION, STATE DEPARTMENT OF

Grand Totals for 201 - EDUCATION, STATE DEPARTMENT OF	Paid to Date	Outstanding	Incurred
Expense.....	$48,993.92	$2,828.75	$51,822.67
Indemnity.....	$560,155.87	$45,321.43	$605,477.30
Medical.....	$2,406,037.31	$1,675,362.90	$4,081,400.21
	$3,015,187.10	$1,723,513.08	$4,738,700.18

# of Claims 728
 # Open 5 **Recovery Amount:** -$19,310.71

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$58.89	$2,809.93	$2,868.82
Indemnity.....	.....		$29,408.57	$45,321.43	$74,730.00
Medical.....	.....		$10,305.81	$31,581.60	$41,887.41
			$39,773.27	$79,712.96	$119,486.23
# of Claims	4				
# Open	2	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$76.78	$0.00	$76.78
Indemnity.....	.....		$670.80	$0.00	$670.80
Medical.....	.....		$11,447.81	$0.00	$11,447.81
			$12,195.39	$0.00	$12,195.39
# of Claims	7				
# Open	1	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$64.95	$0.00	$64.95
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$64.95	$0.00	$64.95
# of Claims	3				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$71.90	$0.00	$71.90
Indemnity.....	.....		$11,930.67	$0.00	$11,930.67
Medical.....	.....		$14,613.79	$0.00	$14,613.79
			$26,616.36	$0.00	$26,616.36
# of Claims	11				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	-16,037.98		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$508.53	$0.00	$508.53
Indemnity.....	.....		$2,595.87	$0.00	$2,595.87
Medical.....	.....		$40,859.85	$0.00	$40,859.85
			$43,964.25	$0.00	$43,964.25
# of Claims	8				
# Open	0	Recovery Amount:	0.00		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		

201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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**		
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
Expense			**$6,074.04**	**$18.82**	**$6,092.86**
Indemnity			**$95,158.37**	**$0.00**	**$95,158.37**
Medical			**$413,608.51**	**$11,781.90**	**$425,390.41**
			$514,840.92	**$11,800.72**	**$526,641.64**
# of Claims	**90**				
# Open	**1**	**Recovery Amount:**	**0.00**		

201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
Expense.....	.....		$35,758.73	$0.00	$35,758.73
Indemnity.....	.....		$150,099.92	$0.00	$150,099.92
Medical.....	.....		$1,539,010.36	$1,631,999.40	$3,171,009.76
			$1,724,869.01	$1,631,999.40	$3,356,868.41
# of Claims	78				
# Open	1	Recovery Amount:	0.00		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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202 - Library of Virginia

Grand Totals for 202 - Library of Virginia	Paid to Date	Outstanding	Incurred
Expense.....	**$608.33**	**$0.00**	**$608.33**
Indemnity.....	**$49,509.76**	**$0.00**	**$49,509.76**
Medical.....	**$131,548.70**	**$0.00**	**$131,548.70**
	$181,666.79	**$0.00**	**$181,666.79**

# of Claims **275**

 # Open **0** **Recovery Amount:** **-$20.79**

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2023 - 06/30/2024				
Expense.....	.....		**$83.13**	**$0.00**	**$83.13**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$8,008.02**	**$0.00**	**$8,008.02**
			$8,091.15	**$0.00**	**$8,091.15**
# of Claims	**2**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2022 - 06/30/2023				
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**		
	07/01/2021 - 06/30/2022				
Expense.....	.....		**$48.80**	**$0.00**	**$48.80**
Indemnity.....	.....		**$22,750.64**	**$0.00**	**$22,750.64**
Medical.....	.....		**$15,719.84**	**$0.00**	**$15,719.84**
			$38,519.28	**$0.00**	**$38,519.28**
# of Claims	**2**				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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202 - Library of Virginia

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2019 - 06/30/2020				
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**		
	07/01/2018 - 06/30/2019				
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**		
	07/01/2017 - 06/30/2018				
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**		
	07/01/2016 - 06/30/2017				
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**		
	07/01/2015 - 06/30/2016				
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**		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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202 - Library of Virginia

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2014 - 06/30/2015				
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**		
	07/01/2013 - 06/30/2014				
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**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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**		
	07/01/2010 - 06/30/2011				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

202 - Library of Virginia

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		
	07/01/2005 - 06/30/2006				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

202 - Library of Virginia

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

202 - Library of Virginia

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

202 - Library of Virginia

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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202 - Library of Virginia

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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**		

204 - COLLEGE OF WILLIAM & MARY

Grand Totals for 204 - COLLEGE OF WILLIAM & MARY	Paid to Date	Outstanding	Incurred
Expense.....	$320,200.58	$37,414.43	$357,615.01
Indemnity.....	$4,000,867.54	$58,281.78	$4,059,149.32
Medical.....	$9,610,620.51	$2,124,377.86	$11,734,998.37
	$13,931,688.63	$2,220,074.07	$16,151,762.70

# of Claims 4,230
 # Open 11 **Recovery Amount:** -$86,452.87

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$333.66	$7,550.00	$7,883.66
Indemnity.....	.....		$24,649.28	$49,230.81	$73,880.09
Medical.....	.....		$59,319.60	$56,139.83	$115,459.43
			$84,302.54	$112,920.64	$197,223.18
# of Claims	56				
# Open	5	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$476.91	$0.00	$476.91
Indemnity.....	.....		$9,065.55	$0.00	$9,065.55
Medical.....	.....		$45,980.72	$0.00	$45,980.72
			$55,523.18	$0.00	$55,523.18
# of Claims	58				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$3,460.67	$0.00	$3,460.67
Indemnity.....	.....		$23,878.75	$0.00	$23,878.75
Medical.....	.....		$57,766.59	$0.00	$57,766.59
			$85,106.01	$0.00	$85,106.01
# of Claims	48				
# Open	0	Recovery Amount:	-2,602.95		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$22,481.95	$0.00	$22,481.95
Indemnity.....	.....		$1,676.68	$0.00	$1,676.68
Medical.....	.....		$96,122.14	$219,616.96	$315,739.10
			$120,280.77	$219,616.96	$339,897.73
# of Claims	44				

204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	1	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$9,203.83	$0.00	$9,203.83
Indemnity.....	.....		$342,531.94	$0.00	$342,531.94
Medical.....	.....		$126,573.80	$0.00	$126,573.80
			$478,309.57	$0.00	$478,309.57
# of Claims	34				
# Open	0	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$6,142.60	$0.00	$6,142.60
Indemnity.....	.....		$4,416.36	$0.00	$4,416.36
Medical.....	.....		$68,561.78	$0.00	$68,561.78
			$79,120.74	$0.00	$79,120.74
# of Claims	54				
# Open	0	Recovery Amount:	0.00		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		

204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense.....	.....		$36,172.82	$9,331.82	$45,504.64
Indemnity.....	.....		$606,081.63	$9,050.97	$615,132.60
Medical.....	.....		$531,018.75	$331,100.40	$862,119.15
			$1,173,273.20	$349,483.19	$1,522,756.39
# of Claims	59				
# Open	1	Recovery Amount:	-10,000.00		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
Expense.....	.....		$4,024.78	$0.00	$4,024.78
Indemnity.....	.....		$122,460.11	$0.00	$122,460.11
Medical.....	.....		$99,344.23	$0.00	$99,344.23
			$225,829.12	$0.00	$225,829.12
# of Claims	75				
# Open	0	Recovery Amount:	0.00		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
Expense.....	.....		$27,360.01	$0.00	$27,360.01
Indemnity.....	.....		$172,476.41	$0.00	$172,476.41
Medical.....	.....		$309,151.95	$185,445.29	$494,597.24
			$508,988.37	$185,445.29	$694,433.66
# of Claims	89				
# Open	1	Recovery Amount:	0.00		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
Expense.....	.....		$27,494.15	$20,494.97	$47,989.12
Indemnity.....	.....		$138,535.08	$0.00	$138,535.08
Medical.....	.....		$328,403.63	$52,958.09	$381,361.72
			$494,432.86	$73,453.06	$567,885.92
# of Claims	98				
# Open	1	Recovery Amount:	-436.67		

204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense.....	.....		$1,435.04	$0.00	$1,435.04
Indemnity.....	.....		$32,266.17	$0.00	$32,266.17
Medical.....	.....		$311,480.55	$0.00	$311,480.55
			$345,181.76	$0.00	$345,181.76
# of Claims	75				
# Open	0	Recovery Amount:	-986.92		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		

204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
Expense.....	.....		$1,160.54	$0.00	$1,160.54
Indemnity.....	.....		$42,387.48	$0.00	$42,387.48
Medical.....	.....		$231,426.83	$0.00	$231,426.83
			$274,974.85	$0.00	$274,974.85
# of Claims	97				
# Open	0	Recovery Amount:	-10,508.06		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
Expense.....	.....		$6,939.34	$18.82	$6,958.16
Indemnity.....	.....		$45,448.10	$0.00	$45,448.10
Medical.....	.....		$981,893.79	$1,247,463.86	$2,229,357.65
			$1,034,281.23	$1,247,482.68	$2,281,763.91
# of Claims	165				
# Open	1	Recovery Amount:	-145.00		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
Expense.....	.....		$465.00	$18.82	$483.82
Indemnity.....	.....		$22,897.05	$0.00	$22,897.05
Medical.....	.....		$198,717.68	$31,653.43	$230,371.11
			$222,079.73	$31,672.25	$253,751.98
# of Claims	174				
# Open	1	Recovery Amount:	-76.99		
	07/01/1991 - 06/30/1992				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1973 - 06/30/1974				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

206 - VCU Health Systems

Grand Totals for 206 - VCU Health Systems	Paid to Date	Outstanding	Incurred
Expense.....	$314,092.95	$45,277.11	$359,370.06
Indemnity.....	$8,570,069.62	$0.00	$8,570,069.62
Medical.....	$14,481,027.72	$1,917,244.89	$16,398,272.61
	$23,365,190.29	$1,962,522.00	$25,327,712.29

# of Claims	16,922		
# Open	9	Recovery Amount:	-$32,161.05

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
Expense.....	.....		$68,534.31	$35,328.50	$103,862.81
Indemnity.....	.....		$949,437.36	$0.00	$949,437.36
Medical.....	.....		$3,364,168.12	$292,416.94	$3,656,585.06
			$4,382,139.79	$327,745.44	$4,709,885.23
# of Claims	841				
# Open	3	Recovery Amount:	-794.87		
	07/01/1997 - 06/30/1998				
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				

206 - VCU Health Systems

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	-3,263.00		
	07/01/1996 - 06/30/1997				
Expense.....	.....		$13,534.62	$8,489.82	$22,024.44
Indemnity.....	.....		$414,853.48	$0.00	$414,853.48
Medical.....	.....		$971,413.08	$282,381.51	$1,253,794.59
			$1,399,801.18	$290,871.33	$1,690,672.51
# of Claims	958				
# Open	1	Recovery Amount:	-345.00		
	07/01/1995 - 06/30/1996				
Expense.....	.....		$31,101.26	$889.35	$31,990.61
Indemnity.....	.....		$825,460.51	$0.00	$825,460.51
Medical.....	.....		$1,508,792.54	$1,174,827.53	$2,683,620.07
			$2,365,354.31	$1,175,716.88	$3,541,071.19
# of Claims	1,081				
# Open	2	Recovery Amount:	-2,509.06		
	07/01/1994 - 06/30/1995				
Expense.....	.....		$12,129.57	$456.44	$12,586.01
Indemnity.....	.....		$654,412.76	$0.00	$654,412.76
Medical.....	.....		$793,349.90	$83,912.05	$877,261.95
			$1,459,892.23	$84,368.49	$1,544,260.72
# of Claims	1,212				
# Open	1	Recovery Amount:	-4,693.47		
	07/01/1993 - 06/30/1994				
Expense.....	.....		$7,847.35	$113.00	$7,960.35
Indemnity.....	.....		$1,132,366.77	$0.00	$1,132,366.77
Medical.....	.....		$877,765.02	$65,683.40	$943,448.42
			$2,017,979.14	$65,796.40	$2,083,775.54
# of Claims	1,395				
# Open	1	Recovery Amount:	-984.08		
	07/01/1992 - 06/30/1993				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

206 - VCU Health Systems

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
Expense.....	.....		$30,952.93	$0.00	$30,952.93
Indemnity.....	.....		$597,407.26	$0.00	$597,407.26
Medical.....	.....		$602,528.05	$18,023.46	$620,551.51
			$1,230,888.24	$18,023.46	$1,248,911.70
# of Claims	1,204				
# Open	1	Recovery Amount:	0.00		
	07/01/1988 - 06/30/1989				
Expense.....	.....		$30,917.93	$0.00	$30,917.93
Indemnity.....	.....		$491,716.48	$0.00	$491,716.48
Medical.....	.....		$611,366.68	$0.00	$611,366.68
			$1,134,001.09	$0.00	$1,134,001.09
# of Claims	1,180				
# Open	0	Recovery Amount:	-345.69		
	07/01/1987 - 06/30/1988				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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206 - VCU Health Systems

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1986 - 06/30/1987				
Expense			**$4,932.84**	**$0.00**	**$4,932.84**
Indemnity			**$163,405.49**	**$0.00**	**$163,405.49**
Medical			**$388,186.83**	**$0.00**	**$388,186.83**
			$556,525.16	**$0.00**	**$556,525.16**
# of Claims	**1,215**				
# Open	**0**	**Recovery Amount:**	**-1,955.90**		

207 - UNIVERSITY OF VIRGINIA

Grand Totals for 207 - UNIVERSITY OF VIRGINIA	Paid to Date	Outstanding	Incurred
Expense.....	$1,035,013.79	$263,233.92	$1,298,247.71
Indemnity.....	$15,619,447.01	$2,305,861.37	$17,925,308.38
Medical.....	$24,740,585.67	$5,704,789.18	$30,445,374.85
	$41,395,046.47	$8,273,884.47	$49,668,930.94

# of Claims 13,714
 # Open 90 **Recovery Amount:** -$372,047.19

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$5,453.38	$25,240.52	$30,693.90
Indemnity.....	.....		$69,286.00	$146,984.93	$216,270.93
Medical.....	.....		$115,734.94	$390,471.93	$506,206.87
			$190,474.32	$562,697.38	$753,171.70
# of Claims	62				
# Open	30	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$14,172.06	$13,960.33	$28,132.39
Indemnity.....	.....		$131,056.75	$203,306.32	$334,363.07
Medical.....	.....		$444,915.86	$232,374.04	$677,289.90
			$590,144.67	$449,640.69	$1,039,785.36
# of Claims	92				
# Open	9	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$63,615.46	$16,575.50	$80,190.96
Indemnity.....	.....		$272,474.21	$556,732.87	$829,207.08
Medical.....	.....		$441,591.21	$512,176.73	$953,767.94
			$777,680.88	$1,085,485.10	$1,863,165.98
# of Claims	102				
# Open	5	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$48,390.41	$30,613.27	$79,003.68
Indemnity.....	.....		$384,954.64	$538,421.19	$923,375.83
Medical.....	.....		$547,068.79	$746,817.54	$1,293,886.33
			$980,413.84	$1,315,852.00	$2,296,265.84
# of Claims	129				

207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	4	Recovery Amount:	-4,695.89		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$79,484.55	$17,404.82	$96,889.37
Indemnity.....	.....		$815,691.20	$542,039.25	$1,357,730.45
Medical.....	.....		$594,288.96	$143,164.32	$737,453.28
			$1,489,464.71	$702,608.39	$2,192,073.10
# of Claims	101				
# Open	5	Recovery Amount:	-168,557.50		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$20,272.30	$25,514.35	$45,786.65
Indemnity.....	.....		$274,247.19	$124,276.23	$398,523.42
Medical.....	.....		$607,602.83	$603,682.48	$1,211,285.31
			$902,122.32	$753,473.06	$1,655,595.38
# of Claims	180				
# Open	6	Recovery Amount:	-861.01		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$76,070.12	$3,148.49	$79,218.61
Indemnity.....	.....		$710,077.62	$136,704.51	$846,782.13
Medical.....	.....		$796,472.06	$174,022.35	$970,494.41
			$1,582,619.80	$313,875.35	$1,896,495.15
# of Claims	218				
# Open	2	Recovery Amount:	-1,250.55		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$28,107.45	$4,067.74	$32,175.19
Indemnity.....	.....		$195,574.32	$57,396.06	$252,970.38
Medical.....	.....		$689,258.82	$37,581.63	$726,840.45
			$912,940.59	$99,045.43	$1,011,986.02
# of Claims	265				
# Open	2	Recovery Amount:	-599.50		
	07/01/2016 - 06/30/2017				
Expense.....	.....		$31,761.54	$0.00	$31,761.54
Indemnity.....	.....		$256,108.41	$0.00	$256,108.41
Medical.....	.....		$370,216.42	$0.00	$370,216.42
			$658,086.37	$0.00	$658,086.37
# of Claims	201				
# Open	0	Recovery Amount:	-5,775.64		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense.....	.....		$16,045.68	$0.00	$16,045.68
Indemnity.....	.....		$256,752.48	$0.00	$256,752.48
Medical.....	.....		$663,167.94	$0.00	$663,167.94
			$935,966.10	$0.00	$935,966.10
# of Claims	209				
# Open	0	Recovery Amount:	-61,509.47		
	07/01/2014 - 06/30/2015				
Expense.....	.....		$21,010.01	$18.82	$21,028.83
Indemnity.....	.....		$251,144.71	$0.00	$251,144.71
Medical.....	.....		$894,001.60	$67,399.40	$961,401.00
			$1,166,156.32	$67,418.22	$1,233,574.54
# of Claims	250				
# Open	2	Recovery Amount:	-3,060.52		
	07/01/2013 - 06/30/2014				
Expense.....	.....		$145,875.27	$17,433.54	$163,308.81
Indemnity.....	.....		$2,009,580.75	$0.01	$2,009,580.76
Medical.....	.....		$1,523,374.47	$475,909.18	$1,999,283.65
			$3,678,830.49	$493,342.73	$4,172,173.22
# of Claims	219				
# Open	6	Recovery Amount:	-4,762.58		
	07/01/2012 - 06/30/2013				
Expense.....	.....		$89,027.09	$108,135.37	$197,162.46
Indemnity.....	.....		$695,573.92	$0.00	$695,573.92
Medical.....	.....		$1,671,119.61	$718,611.43	$2,389,731.04
			$2,455,720.62	$826,746.80	$3,282,467.42
# of Claims	236				
# Open	4	Recovery Amount:	-24,520.29		
	07/01/2011 - 06/30/2012				
Expense.....	.....		$56,159.35	$0.00	$56,159.35
Indemnity.....	.....		$1,241,453.55	$0.00	$1,241,453.55
Medical.....	.....		$1,194,740.14	$14,472.38	$1,209,212.52
			$2,492,353.04	$14,472.38	$2,506,825.42
# of Claims	231				
# Open	1	Recovery Amount:	0.00		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
Expense.....	.....		$77,263.00	$87.64	$77,350.64
Indemnity.....	.....		$815,487.11	$0.00	$815,487.11
Medical.....	.....		$1,515,959.75	$597,744.15	$2,113,703.90
			$2,408,709.86	$597,831.79	$3,006,541.65
# of Claims	276				
# Open	5	Recovery Amount:	-2,420.75		
	07/01/2008 - 06/30/2009				
Expense.....	.....		$15,588.00	$18.82	$15,606.82
Indemnity.....	.....		$370,336.89	$0.00	$370,336.89
Medical.....	.....		$565,604.34	$16,564.39	$582,168.73
			$951,529.23	$16,583.21	$968,112.44
# of Claims	270				
# Open	1	Recovery Amount:	-647.00		
	07/01/2007 - 06/30/2008				
Expense.....	.....		$88,165.47	$18.82	$88,184.29
Indemnity.....	.....		$1,318,460.22	$0.00	$1,318,460.22
Medical.....	.....		$878,795.45	$19,619.34	$898,414.79
			$2,285,421.14	$19,638.16	$2,305,059.30
# of Claims	275				
# Open	2	Recovery Amount:	-19,495.96		
	07/01/2006 - 06/30/2007				
Expense.....	.....		$24,616.95	$0.00	$24,616.95
Indemnity.....	.....		$139,458.64	$0.00	$139,458.64
Medical.....	.....		$938,621.69	$98,805.68	$1,037,427.37
			$1,102,697.28	$98,805.68	$1,201,502.96
# of Claims	289				
# Open	2	Recovery Amount:	-263.24		

Injury Period: 01/01/1900 - 06/30/2025
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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense.....	.....		$34,041.85	$8.19	$34,050.04
Indemnity.....	.....		$355,434.12	$0.00	$355,434.12
Medical.....	.....		$918,543.15	$295,399.61	$1,213,942.76
			$1,308,019.12	$295,407.80	$1,603,426.92
# of Claims	314				
# Open	1	Recovery Amount:	0.00		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
Expense.....	.....		$1,219.57	$0.00	$1,219.57
Indemnity.....	.....		$29,458.66	$0.00	$29,458.66
Medical.....	.....		$779,581.05	$95,768.40	$875,349.45
			$810,259.28	$95,768.40	$906,027.68
# of Claims	291				
# Open	1	Recovery Amount:	-509.60		
	07/01/2001 - 06/30/2002				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
Expense.....	.....		$3,742.00	$0.00	$3,742.00
Indemnity.....	.....		$154,697.01	$0.00	$154,697.01
Medical.....	.....		$400,354.19	$0.00	$400,354.19
			$558,793.20	$0.00	$558,793.20
# of Claims	263				
# Open	0	Recovery Amount:	-21,451.96		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
Expense.....	.....		$10,431.50	$0.00	$10,431.50
Indemnity.....	.....		$450,928.40	$0.00	$450,928.40
Medical.....	.....		$467,733.03	$263,833.58	$731,566.61
			$929,092.93	$263,833.58	$1,192,926.51
# of Claims	232				
# Open	1	Recovery Amount:	-10,884.27		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
Expense			**$20,807.39**	**$987.70**	**$21,795.09**
Indemnity			**$449,141.63**	**$0.00**	**$449,141.63**
Medical			**$1,124,832.59**	**$200,370.62**	**$1,325,203.21**
			$1,594,781.61	**$201,358.32**	**$1,796,139.93**
# of Claims	**269**				
# Open	**1**	**Recovery Amount:**	**-74.70**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1984 - 06/30/1985				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

208 - VPI STATE UNIVERSITY

Grand Totals for 208 - VPI STATE UNIVERSITY	Paid to Date	Outstanding	Incurred
Expense.....	$1,307,493.27	$179,649.66	$1,487,142.93
Indemnity.....	$25,090,436.77	$1,090,055.57	$26,180,492.34
Medical.....	$48,223,140.83	$10,963,748.08	$59,186,888.91
	$74,621,070.87	$12,233,453.31	$86,854,524.18

# of Claims	21,110		
# Open	110	Recovery Amount:	-$517,428.07

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$11,431.19	$22,616.18	$34,047.37
Indemnity.....	.....		$84,504.70	$134,251.45	$218,756.15
Medical.....	.....		$228,106.40	$413,231.97	$641,338.37
			$324,042.29	$570,099.60	$894,141.89
# of Claims	479				
# Open	45	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$29,721.70	$12,389.35	$42,111.05
Indemnity.....	.....		$302,896.49	$290,479.47	$593,375.96
Medical.....	.....		$563,168.86	$154,942.64	$718,111.50
			$895,787.05	$457,811.46	$1,353,598.51
# of Claims	398				
# Open	6	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$10,275.98	$240.87	$10,516.85
Indemnity.....	.....		$98,468.08	$0.00	$98,468.08
Medical.....	.....		$390,486.66	$8,900.00	$399,386.66
			$499,230.72	$9,140.87	$508,371.59
# of Claims	398				
# Open	1	Recovery Amount:	-7,158.03		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$27,247.70	$16,034.82	$43,282.52
Indemnity.....	.....		$507,895.87	$278,011.98	$785,907.85
Medical.....	.....		$702,607.33	$71,228.22	$773,835.55
			$1,237,750.90	$365,275.02	$1,603,025.92
# of Claims	388				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

208 - VPI STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	3	Recovery Amount:	-173,338.67		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$53,081.49	$1,164.50	$54,245.99
Indemnity.....	.....		$291,277.78	$144,301.11	$435,578.89
Medical.....	.....		$845,494.08	$45,872.32	$891,366.40
			$1,189,853.35	$191,337.93	$1,381,191.28
# of Claims	338				
# Open	1	Recovery Amount:	-50.00		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$20,491.89	$0.00	$20,491.89
Indemnity.....	.....		$245,604.05	$0.00	$245,604.05
Medical.....	.....		$530,389.56	$137,122.27	$667,511.83
			$796,485.50	$137,122.27	$933,607.77
# of Claims	513				
# Open	1	Recovery Amount:	-1,728.48		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$24,275.12	$0.00	$24,275.12
Indemnity.....	.....		$604,345.09	$0.00	$604,345.09
Medical.....	.....		$917,483.84	$0.00	$917,483.84
			$1,546,104.05	$0.00	$1,546,104.05
# of Claims	561				
# Open	0	Recovery Amount:	-16,620.08		
	07/01/2016 - 06/30/2017				
Expense.....	.....		$30,763.52	$3,175.65	$33,939.17
Indemnity.....	.....		$664,437.67	$135,380.16	$799,817.83
Medical.....	.....		$1,051,476.15	$175,202.19	$1,226,678.34
			$1,746,677.34	$313,758.00	$2,060,435.34
# of Claims	541				
# Open	2	Recovery Amount:	0.00		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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208 - VPI STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense			**$21,045.91**	**$0.00**	**$21,045.91**
Indemnity			**$376,938.98**	**$0.00**	**$376,938.98**
Medical			**$976,235.84**	**$52,279.96**	**$1,028,515.80**
			$1,374,220.73	**$52,279.96**	**$1,426,500.69**
# of Claims	**588**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2014 - 06/30/2015				
Expense			**$36,134.69**	**$0.00**	**$36,134.69**
Indemnity			**$566,208.62**	**$0.00**	**$566,208.62**
Medical			**$1,101,133.79**	**$126,672.94**	**$1,227,806.73**
			$1,703,477.10	**$126,672.94**	**$1,830,150.04**
# of Claims	**675**				
# Open	**1**	**Recovery Amount:**	**-3,624.98**		
	07/01/2013 - 06/30/2014				
Expense			**$22,548.15**	**$0.00**	**$22,548.15**
Indemnity			**$306,906.67**	**$0.00**	**$306,906.67**
Medical			**$735,623.79**	**$0.00**	**$735,623.79**
			$1,065,078.61	**$0.00**	**$1,065,078.61**
# of Claims	**671**				
# Open	**0**	**Recovery Amount:**	**-196.00**		
	07/01/2012 - 06/30/2013				
Expense			**$60,858.68**	**$9,936.42**	**$70,795.10**
Indemnity			**$990,847.65**	**$0.00**	**$990,847.65**
Medical			**$2,829,923.15**	**$1,820,095.96**	**$4,650,019.11**
			$3,881,629.48	**$1,830,032.38**	**$5,711,661.86**
# of Claims	**688**				
# Open	**3**	**Recovery Amount:**	**-5,492.70**		
	07/01/2011 - 06/30/2012				
Expense			**$45,645.38**	**$0.00**	**$45,645.38**
Indemnity			**$1,224,145.81**	**$0.00**	**$1,224,145.81**
Medical			**$854,777.57**	**$0.00**	**$854,777.57**
			$2,124,568.76	**$0.00**	**$2,124,568.76**
# of Claims	**771**				
# Open	**0**	**Recovery Amount:**	**-197.92**		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
Expense			**$96,893.68**	**$76,841.55**	**$173,735.23**
Indemnity			**$1,275,254.09**	**$0.00**	**$1,275,254.09**
Medical			**$2,152,839.14**	**$1,509,498.35**	**$3,662,337.49**
			$3,524,986.91	**$1,586,339.90**	**$5,111,326.81**
# of Claims	**625**				
# Open	**4**	**Recovery Amount:**	**-2,118.12**		
	07/01/2009 - 06/30/2010				
Expense			**$62,230.14**	**$18.82**	**$62,248.96**
Indemnity			**$424,211.53**	**$0.00**	**$424,211.53**
Medical			**$1,038,555.65**	**$201,781.62**	**$1,240,337.27**
			$1,524,997.32	**$201,800.44**	**$1,726,797.76**
# of Claims	**720**				
# Open	**3**	**Recovery Amount:**	**-524.35**		
	07/01/2008 - 06/30/2009				
Expense			**$67,517.34**	**$37.64**	**$67,554.98**
Indemnity			**$859,676.15**	**$0.00**	**$859,676.15**
Medical			**$1,762,886.05**	**$436,393.21**	**$2,199,279.26**
			$2,690,079.54	**$436,430.85**	**$3,126,510.39**
# of Claims	**699**				
# Open	**3**	**Recovery Amount:**	**-8,265.49**		
	07/01/2007 - 06/30/2008				
Expense			**$73,400.67**	**$18.82**	**$73,419.49**
Indemnity			**$531,065.75**	**$0.00**	**$531,065.75**
Medical			**$1,223,805.78**	**$40,865.63**	**$1,264,671.41**
			$1,828,272.20	**$40,884.45**	**$1,869,156.65**
# of Claims	**727**				
# Open	**1**	**Recovery Amount:**	**-12,130.80**		
	07/01/2006 - 06/30/2007				
Expense			**$40,557.17**	**$18.82**	**$40,575.99**
Indemnity			**$2,030,854.94**	**$0.00**	**$2,030,854.94**
Medical			**$748,612.51**	**$34,588.97**	**$783,201.48**
			$2,820,024.62	**$34,607.79**	**$2,854,632.41**
# of Claims	**834**				
# Open	**1**	**Recovery Amount:**	**-5,211.60**		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense			**$36,193.27**	**$56.46**	**$36,249.73**
Indemnity			**$523,894.68**	**$0.00**	**$523,894.68**
Medical			**$1,348,305.72**	**$85,568.19**	**$1,433,873.91**
			$1,908,393.67	**$85,624.65**	**$1,994,018.32**
# of Claims	**656**				
# Open	**4**	**Recovery Amount:**	**-954.82**		
	07/01/2004 - 06/30/2005				
Expense			**$947.36**	**$0.00**	**$947.36**
Indemnity			**$68,014.55**	**$0.00**	**$68,014.55**
Medical			**$527,729.24**	**$0.00**	**$527,729.24**
			$596,691.15	**$0.00**	**$596,691.15**
# of Claims	**570**				
# Open	**0**	**Recovery Amount:**	**-3,934.79**		
	07/01/2003 - 06/30/2004				
Expense			**$17,940.63**	**$1,575.41**	**$19,516.04**
Indemnity			**$431,292.27**	**$0.00**	**$431,292.27**
Medical			**$1,058,199.67**	**$140,418.25**	**$1,198,617.92**
			$1,507,432.57	**$141,993.66**	**$1,649,426.23**
# of Claims	**676**				
# Open	**2**	**Recovery Amount:**	**0.00**		
	07/01/2002 - 06/30/2003				
Expense			**$55,366.76**	**$20,085.31**	**$75,452.07**
Indemnity			**$679,080.97**	**$0.00**	**$679,080.97**
Medical			**$2,365,380.56**	**$29,447.53**	**$2,394,828.09**
			$3,099,828.29	**$49,532.84**	**$3,149,361.13**
# of Claims	**607**				
# Open	**2**	**Recovery Amount:**	**-6,161.13**		
	07/01/2001 - 06/30/2002				
Expense			**$29,453.53**	**$0.00**	**$29,453.53**
Indemnity			**$914,560.56**	**$0.00**	**$914,560.56**
Medical			**$2,054,026.30**	**$414,717.57**	**$2,468,743.87**
			$2,998,040.39	**$414,717.57**	**$3,412,757.96**
# of Claims	**536**				
# Open	**1**	**Recovery Amount:**	**-11,424.11**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

208 - VPI STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
Expense.....	.....		$29,299.25	$2,796.84	$32,096.09
Indemnity.....	.....		$1,168,280.12	$0.00	$1,168,280.12
Medical.....	.....		$1,674,220.55	$491,197.34	$2,165,417.89
			$2,871,799.92	$493,994.18	$3,365,794.10
# of Claims	370				
# Open	6	Recovery Amount:	-859.58		
	07/01/1999 - 06/30/2000				
Expense.....	.....		$32,877.52	$56.46	$32,933.98
Indemnity.....	.....		$993,854.35	$0.00	$993,854.35
Medical.....	.....		$2,887,064.15	$465,205.90	$3,352,270.05
			$3,913,796.02	$465,262.36	$4,379,058.38
# of Claims	427				
# Open	4	Recovery Amount:	-5,124.77		
	07/01/1998 - 06/30/1999				
Expense.....	.....		$10,589.92	$18.82	$10,608.74
Indemnity.....	.....		$541,963.70	$0.00	$541,963.70
Medical.....	.....		$1,386,373.29	$30,694.87	$1,417,068.16
			$1,938,926.91	$30,713.69	$1,969,640.60
# of Claims	462				
# Open	1	Recovery Amount:	-2,730.54		
	07/01/1997 - 06/30/1998				
Expense.....	.....		$6,485.90	$18.82	$6,504.72
Indemnity.....	.....		$885,387.05	$0.00	$885,387.05
Medical.....	.....		$1,273,248.83	$231,151.74	$1,504,400.57
			$2,165,121.78	$231,170.56	$2,396,292.34
# of Claims	413				
# Open	2	Recovery Amount:	-97,997.80		
	07/01/1996 - 06/30/1997				
Expense.....	.....		$3,958.22	$37.64	$3,995.86
Indemnity.....	.....		$643,999.13	$0.00	$643,999.13
Medical.....	.....		$1,532,652.73	$916,699.75	$2,449,352.48
			$2,180,610.08	$916,737.39	$3,097,347.47
# of Claims	440				
# Open	2	Recovery Amount:	-18,933.76		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

208 - VPI STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
Expense.....	.....		$9,868.82	$37.64	$9,906.46
Indemnity.....	.....		$433,769.91	$0.00	$433,769.91
Medical.....	.....		$902,305.63	$212,102.51	$1,114,408.14
			$1,345,944.36	$212,140.15	$1,558,084.51
# of Claims	504				
# Open	2	Recovery Amount:	-28,065.27		
	07/01/1993 - 06/30/1994				
Expense.....	.....		$9,291.34	$1,357.82	$10,649.16
Indemnity.....	.....		$845,290.53	$0.00	$845,290.53
Medical.....	.....		$1,271,694.10	$35,676.01	$1,307,370.11
			$2,126,275.97	$37,033.83	$2,163,309.80
# of Claims	526				
# Open	1	Recovery Amount:	-8,243.43		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

208 - VPI STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
Expense.....	.....		$44,476.70	$3,816.28	$48,292.98
Indemnity.....	.....		$756,198.56	$0.00	$756,198.56
Medical.....	.....		$1,449,911.51	$104,419.07	$1,554,330.58
			$2,250,586.77	$108,235.35	$2,358,822.12
# of Claims	549				
# Open	3	Recovery Amount:	0.00		
	07/01/1989 - 06/30/1990				
Expense.....	.....		$52,901.82	$4,298.72	$57,200.54
Indemnity.....	.....		$1,187,758.49	$0.00	$1,187,758.49
Medical.....	.....		$2,008,385.70	$268,443.29	$2,276,828.99
			$3,249,046.01	$272,742.01	$3,521,788.02
# of Claims	517				
# Open	2	Recovery Amount:	-2,997.20		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
Expense.....	.....		$148,227.07	$3,000.00	$151,227.07
Indemnity.....	.....		$1,307,663.22	$107,631.40	$1,415,294.62
Medical.....	.....		$4,777,228.05	$2,309,329.81	$7,086,557.86
			$6,233,118.34	$2,419,961.21	$8,653,079.55
# of Claims	437				
# Open	2	Recovery Amount:	-85,505.04		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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208 - VPI STATE UNIVERSITY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

209 - UVA Health System

Grand Totals for 209 - UVA Health System	Paid to Date	Outstanding	Incurred
Expense.....	$1,730,766.93	$813,269.30	$2,544,036.23
Indemnity.....	$33,944,796.27	$3,388,243.52	$37,333,039.79
Medical.....	$43,596,071.24	$15,525,941.41	$59,122,012.65
	$79,271,634.44	$19,727,454.23	$98,999,088.67

# of Claims	27,476		
# Open	180	Recovery Amount:	-$489,360.36

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$23,582.11	$89,964.18	$113,546.29
Indemnity.....	.....		$345,489.71	$450,183.48	$795,673.19
Medical.....	.....		$354,617.75	$846,775.34	$1,201,393.09
			$723,689.57	$1,386,923.00	$2,110,612.57
# of Claims	406				
# Open	72	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$36,087.25	$51,872.43	$87,959.68
Indemnity.....	.....		$430,043.46	$450,085.23	$880,128.69
Medical.....	.....		$788,634.13	$535,315.81	$1,323,949.94
			$1,254,764.84	$1,037,273.47	$2,292,038.31
# of Claims	274				
# Open	18	Recovery Amount:	-66,098.77		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$56,039.25	$38,851.13	$94,890.38
Indemnity.....	.....		$1,075,312.64	$438,059.52	$1,513,372.16
Medical.....	.....		$838,638.94	$271,183.88	$1,109,822.82
			$1,969,990.83	$748,094.53	$2,718,085.36
# of Claims	363				
# Open	7	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$44,572.65	$24,612.97	$69,185.62
Indemnity.....	.....		$636,340.36	$335,395.17	$971,735.53
Medical.....	.....		$590,455.22	$465,461.82	$1,055,917.04
			$1,271,368.23	$825,469.96	$2,096,838.19
# of Claims	406				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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209 - UVA Health System

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	5	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$98,665.18	$59,931.31	$158,596.49
Indemnity.....	.....		$1,461,525.33	$778,012.19	$2,239,537.52
Medical.....	.....		$2,280,298.73	$1,742,747.28	$4,023,046.01
			$3,840,489.24	$2,580,690.78	$6,421,180.02
# of Claims	453				
# Open	10	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$107,158.62	$17,303.56	$124,462.18
Indemnity.....	.....		$1,372,660.83	$243,764.99	$1,616,425.82
Medical.....	.....		$1,122,043.49	$1,119,828.99	$2,241,872.48
			$2,601,862.94	$1,380,897.54	$3,982,760.48
# of Claims	543				
# Open	5	Recovery Amount:	-112.16		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$19,666.59	$4,666.25	$24,332.84
Indemnity.....	.....		$273,323.18	$50,081.64	$323,404.82
Medical.....	.....		$733,533.04	$65,422.09	$798,955.13
			$1,026,522.81	$120,169.98	$1,146,692.79
# of Claims	625				
# Open	2	Recovery Amount:	-38,250.60		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$97,331.10	$137,029.34	$234,360.44
Indemnity.....	.....		$883,631.85	$245,438.87	$1,129,070.72
Medical.....	.....		$1,265,267.25	$698,460.16	$1,963,727.41
			$2,246,230.20	$1,080,928.37	$3,327,158.57
# of Claims	630				
# Open	5	Recovery Amount:	-3,620.22		
	07/01/2016 - 06/30/2017				
Expense.....	.....		$113,789.56	$7,446.40	$121,235.96
Indemnity.....	.....		$2,123,155.96	$96,892.82	$2,220,048.78
Medical.....	.....		$1,285,871.23	$106,345.85	$1,392,217.08
			$3,522,816.75	$210,685.07	$3,733,501.82
# of Claims	660				
# Open	2	Recovery Amount:	0.00		

209 - UVA Health System

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense			$36,222.63	$2,409.64	$38,632.27
Indemnity			$560,403.98	$1,544.08	$561,948.06
Medical			$1,455,698.22	$42,135.56	$1,497,833.78
			$2,052,324.83	$46,089.28	$2,098,414.11
# of Claims	721				
# Open	3	Recovery Amount:	0.00		
	07/01/2014 - 06/30/2015				
Expense			$142,192.21	$67,166.32	$209,358.53
Indemnity			$1,526,904.39	$6,690.57	$1,533,594.96
Medical			$2,022,219.89	$1,055,184.75	$3,077,404.64
			$3,691,316.49	$1,129,041.64	$4,820,358.13
# of Claims	762				
# Open	4	Recovery Amount:	-2,532.16		
	07/01/2013 - 06/30/2014				
Expense			$81,341.90	$13,655.19	$94,997.09
Indemnity			$1,076,442.08	$0.00	$1,076,442.08
Medical			$1,635,146.74	$176,593.58	$1,811,740.32
			$2,792,930.72	$190,248.77	$2,983,179.49
# of Claims	728				
# Open	1	Recovery Amount:	-8,485.48		
	07/01/2012 - 06/30/2013				
Expense			$131,178.01	$32,713.72	$163,891.73
Indemnity			$3,025,465.44	$11,462.60	$3,036,928.04
Medical			$2,524,609.70	$482,170.43	$3,006,780.13
			$5,681,253.15	$526,346.75	$6,207,599.90
# of Claims	745				
# Open	7	Recovery Amount:	-78,920.38		
	07/01/2011 - 06/30/2012				
Expense			$72,997.39	$452.87	$73,450.26
Indemnity			$1,514,599.58	$0.00	$1,514,599.58
Medical			$1,377,499.81	$373,219.82	$1,750,719.63
			$2,965,096.78	$373,672.69	$3,338,769.47
# of Claims	706				
# Open	5	Recovery Amount:	-44,195.74		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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209 - UVA Health System

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
Expense			**$213,429.88**	**$184,441.59**	**$397,871.47**
Indemnity			**$2,222,244.35**	**$0.00**	**$2,222,244.35**
Medical			**$2,827,712.10**	**$1,418,660.28**	**$4,246,372.38**
			$5,263,386.33	**$1,603,101.87**	**$6,866,488.20**
# of Claims	**696**				
# Open	**7**	**Recovery Amount:**	**-200,375.10**		
	07/01/2009 - 06/30/2010				
Expense			**$64,803.04**	**$16,019.51**	**$80,822.55**
Indemnity			**$1,474,331.06**	**$0.00**	**$1,474,331.06**
Medical			**$1,670,605.62**	**$1,619,374.44**	**$3,289,980.06**
			$3,209,739.72	**$1,635,393.95**	**$4,845,133.67**
# of Claims	**632**				
# Open	**4**	**Recovery Amount:**	**-7,523.39**		
	07/01/2008 - 06/30/2009				
Expense			**$37,854.60**	**$37.64**	**$37,892.24**
Indemnity			**$629,542.89**	**$0.00**	**$629,542.89**
Medical			**$1,473,875.28**	**$385,243.64**	**$1,859,118.92**
			$2,141,272.77	**$385,281.28**	**$2,526,554.05**
# of Claims	**715**				
# Open	**2**	**Recovery Amount:**	**0.00**		
	07/01/2007 - 06/30/2008				
Expense			**$94,957.11**	**$18.82**	**$94,975.93**
Indemnity			**$944,247.06**	**$0.00**	**$944,247.06**
Medical			**$1,438,701.29**	**$736,634.34**	**$2,175,335.63**
			$2,477,905.46	**$736,653.16**	**$3,214,558.62**
# of Claims	**649**				
# Open	**1**	**Recovery Amount:**	**-325.25**		
	07/01/2006 - 06/30/2007				
Expense			**$68,290.89**	**$20,323.48**	**$88,614.37**
Indemnity			**$1,409,002.85**	**$0.00**	**$1,409,002.85**
Medical			**$952,459.49**	**$338,073.52**	**$1,290,533.01**
			$2,429,753.23	**$358,397.00**	**$2,788,150.23**
# of Claims	**605**				
# Open	**1**	**Recovery Amount:**	**0.00**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

209 - UVA Health System

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense.....	.....		$43,623.84	$29,674.20	$73,298.04
Indemnity.....	.....		$932,519.71	$0.00	$932,519.71
Medical.....	.....		$1,106,816.57	$676,079.81	$1,782,896.38
			$2,082,960.12	$705,754.01	$2,788,714.13
# of Claims	661				
# Open	2	Recovery Amount:	0.00		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$28,733.47	$18.82	$28,752.29
Indemnity.....	.....		$555,522.07	$0.00	$555,522.07
Medical.....	.....		$652,154.28	$29,182.99	$681,337.27
			$1,236,409.82	$29,201.81	$1,265,611.63
# of Claims	650				
# Open	1	Recovery Amount:	0.00		
	07/01/2003 - 06/30/2004				
Expense.....	.....		$833.50	$0.00	$833.50
Indemnity.....	.....		$97,577.83	$0.00	$97,577.83
Medical.....	.....		$434,622.19	$32,147.62	$466,769.81
			$533,033.52	$32,147.62	$565,181.14
# of Claims	682				
# Open	1	Recovery Amount:	0.00		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
Expense.....	.....		$23,900.54	$3,286.24	$27,186.78
Indemnity.....	.....		$1,298,299.12	$0.00	$1,298,299.12
Medical.....	.....		$1,866,718.09	$484,694.72	$2,351,412.81
			$3,188,917.75	$487,980.96	$3,676,898.71
# of Claims	619				
# Open	3	Recovery Amount:	-4,097.99		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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209 - UVA Health System

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
Expense			**$4,349.06**	**$0.00**	**$4,349.06**
Indemnity			**$192,384.16**	**$0.00**	**$192,384.16**
Medical			**$900,410.70**	**$0.00**	**$900,410.70**
			$1,097,143.92	**$0.00**	**$1,097,143.92**
# of Claims	**683**				
# Open	**0**	**Recovery Amount:**	**-6,799.94**		
	07/01/1999 - 06/30/2000				
Expense			**$4,937.95**	**$3,971.99**	**$8,909.94**
Indemnity			**$508,605.85**	**$0.00**	**$508,605.85**
Medical			**$1,932,345.62**	**$57,362.04**	**$1,989,707.66**
			$2,445,889.42	**$61,334.03**	**$2,507,223.45**
# of Claims	**875**				
# Open	**2**	**Recovery Amount:**	**-2,574.00**		
	07/01/1998 - 06/30/1999				
Expense			**$13,643.53**	**$6,704.97**	**$20,348.50**
Indemnity			**$1,071,471.43**	**$0.00**	**$1,071,471.43**
Medical			**$932,198.55**	**$49,880.45**	**$982,079.00**
			$2,017,313.51	**$56,585.42**	**$2,073,898.93**
# of Claims	**579**				
# Open	**2**	**Recovery Amount:**	**-1,077.90**		
	07/01/1997 - 06/30/1998				
Expense			**$9,824.92**	**$18.82**	**$9,843.74**
Indemnity			**$1,841,668.39**	**$280,632.36**	**$2,122,300.75**
Medical			**$1,638,710.20**	**$60,272.62**	**$1,698,982.82**
			$3,490,203.51	**$340,923.80**	**$3,831,127.31**
# of Claims	**993**				
# Open	**2**	**Recovery Amount:**	**-1,156.91**		
	07/01/1996 - 06/30/1997				
Expense			**$10,399.53**	**$659.09**	**$11,058.62**
Indemnity			**$985,622.38**	**$0.00**	**$985,622.38**
Medical			**$2,504,771.12**	**$1,386,140.69**	**$3,890,911.81**
			$3,500,793.03	**$1,386,799.78**	**$4,887,592.81**
# of Claims	**996**				
# Open	**4**	**Recovery Amount:**	**-82.10**		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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209 - UVA Health System

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
Expense			**$2,995.23**	**$0.00**	**$2,995.23**
Indemnity			**$309,556.01**	**$0.00**	**$309,556.01**
Medical			**$653,366.12**	**$116,677.84**	**$770,043.96**
			$965,917.36	**$116,677.84**	**$1,082,595.20**
# of Claims	**1,102**				
# Open	**1**	**Recovery Amount:**	**-713.16**		
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
Expense			**$1,478.76**	**$18.82**	**$1,497.58**
Indemnity			**$220,931.04**	**$0.00**	**$220,931.04**
Medical			**$531,013.65**	**$154,671.05**	**$685,684.70**
			$753,423.45	**$154,689.87**	**$908,113.32**
# of Claims	**1,273**				
# Open	**1**	**Recovery Amount:**	**-2,236.98**		
	07/01/1992 - 06/30/1993				
Expense			**$2,844.86**	**$0.00**	**$2,844.86**
Indemnity			**$645,296.20**	**$0.00**	**$645,296.20**
Medical			**$775,872.80**	**$0.00**	**$775,872.80**
			$1,424,013.86	**$0.00**	**$1,424,013.86**
# of Claims	**1,379**				
# Open	**0**	**Recovery Amount:**	**-6,782.62**		
	07/01/1991 - 06/30/1992				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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209 - UVA Health System

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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**		

211 - VA MILITARY INSTITUTE

Grand Totals for 211 - VA MILITARY INSTITUTE	Paid to Date	Outstanding	Incurred
Expense.....	$91,262.07	$117.64	$91,379.71
Indemnity.....	$902,239.87	$0.00	$902,239.87
Medical.....	$2,399,849.16	$139,306.21	$2,539,155.37
	$3,393,351.10	$139,423.85	$3,532,774.95

# of Claims	1,338		
# Open	6	Recovery Amount:	-$1,340.90

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$109.11	$80.00	$189.11
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$2,014.40	$2,400.00	$4,414.40
			$2,123.51	$2,480.00	$4,603.51
# of Claims	21				
# Open	3	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$2,876.21	$0.00	$2,876.21
Indemnity.....	.....		$20,308.95	$0.00	$20,308.95
Medical.....	.....		$53,721.12	$0.00	$53,721.12
			$76,906.28	$0.00	$76,906.28
# of Claims	28				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$368.38	$0.00	$368.38
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$33,979.05	$0.00	$33,979.05
			$34,347.43	$0.00	$34,347.43
# of Claims	18				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$387.67	$0.00	$387.67
Indemnity.....	.....		$898.92	$0.00	$898.92
Medical.....	.....		$15,184.31	$0.00	$15,184.31
			$16,470.90	$0.00	$16,470.90
# of Claims	20				

211 - VA MILITARY INSTITUTE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$9,134.62	$18.82	$9,153.44
Indemnity.....	.....		$35,410.99	$0.00	$35,410.99
Medical.....	.....		$124,864.85	$75,854.73	$200,719.58
			$169,410.46	$75,873.55	$245,284.01
# of Claims	31				
# Open	1	Recovery Amount:	-0.50		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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211 - VA MILITARY INSTITUTE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		
	07/01/2014 - 06/30/2015				
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**		
	07/01/2013 - 06/30/2014				
Expense			**$17,450.90**	**$0.00**	**$17,450.90**
Indemnity			**$121,270.70**	**$0.00**	**$121,270.70**
Medical			**$59,397.80**	**$50,346.57**	**$109,744.37**
			$198,119.40	**$50,346.57**	**$248,465.97**
# of Claims	**47**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2012 - 06/30/2013				
Expense			**$14,759.79**	**$0.00**	**$14,759.79**
Indemnity			**$27,673.00**	**$0.00**	**$27,673.00**
Medical			**$120,599.78**	**$0.00**	**$120,599.78**
			$163,032.57	**$0.00**	**$163,032.57**
# of Claims	**41**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2011 - 06/30/2012				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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211 - VA MILITARY INSTITUTE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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**		
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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211 - VA MILITARY INSTITUTE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

211 - VA MILITARY INSTITUTE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

211 - VA MILITARY INSTITUTE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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211 - VA MILITARY INSTITUTE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
Expense			**$4,108.88**	**$18.82**	**$4,127.70**
Indemnity			**$139,361.21**	**$0.00**	**$139,361.21**
Medical			**$126,275.92**	**$10,704.91**	**$136,980.83**
			$269,746.01	**$10,723.73**	**$280,469.74**
# of Claims	**31**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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211 - VA MILITARY INSTITUTE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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212 - Virginia State University

Grand Totals for 212 - Virginia State University			Paid to Date	Outstanding	Incurred
Expense.....			**$76,242.42**	**$26,052.18**	**$102,294.60**
Indemnity.....			**$1,318,708.29**	**$2,174,484.19**	**$3,493,192.48**
Medical.....			**$6,219,954.36**	**$1,714,250.49**	**$7,934,204.85**
			$7,614,905.07	**$3,914,786.86**	**$11,529,691.93**
# of Claims	**1,458**				
# Open	**5**	**Recovery Amount:**	**-$27,562.86**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		**$128.57**	**$31.18**	**$159.75**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$2,067.42**	**$1,090.89**	**$3,158.31**
			$2,195.99	**$1,122.07**	**$3,318.06**
# of Claims	**14**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2023 - 06/30/2024				
Expense.....	.....		**$4,703.10**	**$25,891.00**	**$30,594.10**
Indemnity.....	.....		**$85,865.48**	**$1,775,694.52**	**$1,861,560.00**
Medical.....	.....		**$688,689.66**	**$862,700.60**	**$1,551,390.26**
			$779,258.24	**$2,664,286.12**	**$3,443,544.36**
# of Claims	**8**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2022 - 06/30/2023				
Expense.....	.....		**$261.25**	**$130.00**	**$391.25**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$11,733.36**	**$6,350.00**	**$18,083.36**
			$11,994.61	**$6,480.00**	**$18,474.61**
# of Claims	**9**				
# Open	**1**	**Recovery Amount:**	**-1,182.77**		
	07/01/2021 - 06/30/2022				
Expense.....	.....		**$437.18**	**$0.00**	**$437.18**
Indemnity.....	.....		**$10,068.77**	**$0.00**	**$10,068.77**
Medical.....	.....		**$28,989.99**	**$18,464.12**	**$47,454.11**
			$39,495.94	**$18,464.12**	**$57,960.06**
# of Claims	**5**				

212 - Virginia State University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	1	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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212 - Virginia State University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		
	07/01/2014 - 06/30/2015				
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**		
	07/01/2013 - 06/30/2014				
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**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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212 - Virginia State University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
Expense			**$27,510.67**	**$0.00**	**$27,510.67**
Indemnity			**$363,128.19**	**$398,789.67**	**$761,917.86**
Medical			**$2,836,722.34**	**$825,644.88**	**$3,662,367.22**
			$3,227,361.20	**$1,224,434.55**	**$4,451,795.75**
# of Claims	**36**				
# Open	**1**	**Recovery Amount:**	**-4,174.52**		
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

212 - Virginia State University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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212 - Virginia State University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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**		
	07/01/1999 - 06/30/2000				
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**		
	07/01/1998 - 06/30/1999				
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**		
	07/01/1997 - 06/30/1998				
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**		
	07/01/1996 - 06/30/1997				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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212 - Virginia State University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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**		
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
Expense			**$3,558.00**	**$0.00**	**$3,558.00**
Indemnity			**$68,762.55**	**$0.00**	**$68,762.55**
Medical			**$1,212,080.87**	**$0.00**	**$1,212,080.87**
			$1,284,401.42	**$0.00**	**$1,284,401.42**
# of Claims	**54**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/1991 - 06/30/1992				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

212 - Virginia State University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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212 - Virginia State University

Policy	Policy Period	Paid to Date	Outstanding	Incurred

213 - NORFOLK STATE UNIVERSITY

Grand Totals for 213 - NORFOLK STATE UNIVERSITY	Paid to Date	Outstanding	Incurred
Expense.....	$264,867.14	$15,839.25	$280,706.39
Indemnity.....	$2,362,610.45	$136,491.50	$2,499,101.95
Medical.....	$5,772,018.08	$1,113,092.58	$6,885,110.66
	$8,399,495.67	$1,265,423.33	$9,664,919.00

# of Claims 2,106
 # Open 19 **Recovery Amount:** -$55,306.55

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$6,955.54	$9,704.15	$16,659.69
Indemnity.....	.....		$34,540.65	$51,775.83	$86,316.48
Medical.....	.....		$86,778.30	$83,230.56	$170,008.86
			$128,274.49	$144,710.54	$272,985.03
# of Claims	33				
# Open	8	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$2,790.07	$3,550.00	$6,340.07
Indemnity.....	.....		$31,650.23	$44,137.60	$75,787.83
Medical.....	.....		$189,011.72	$25,637.77	$214,649.49
			$223,452.02	$73,325.37	$296,777.39
# of Claims	21				
# Open	2	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$10,240.68	$50.00	$10,290.68
Indemnity.....	.....		$5,842.56	$0.00	$5,842.56
Medical.....	.....		$39,892.92	$36,685.12	$76,578.04
			$55,976.16	$36,735.12	$92,711.28
# of Claims	23				
# Open	1	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$536.42	$0.00	$536.42
Indemnity.....	.....		$2,776.98	$0.00	$2,776.98
Medical.....	.....		$61,098.24	$0.00	$61,098.24
			$64,411.64	$0.00	$64,411.64
# of Claims	41				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$3,697.44	$0.00	$3,697.44
Indemnity.....	.....		$29,954.05	$0.00	$29,954.05
Medical.....	.....		$145,048.78	$57,083.21	$202,131.99
			$178,700.27	$57,083.21	$235,783.48
# of Claims	28				
# Open	1	Recovery Amount:	-482.32		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$560.21	$18.82	$579.03
Indemnity.....	.....		$28,053.24	$0.00	$28,053.24
Medical.....	.....		$85,238.18	$243,300.55	$328,538.73
			$113,851.63	$243,319.37	$357,171.00
# of Claims	35				
# Open	1	Recovery Amount:	-210.00		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$30,158.84	$2,390.82	$32,549.66
Indemnity.....	.....		$237,729.83	$40,578.07	$278,307.90
Medical.....	.....		$536,653.91	$147,774.60	$684,428.51
			$804,542.58	$190,743.49	$995,286.07
# of Claims	50				
# Open	1	Recovery Amount:	0.00		
	07/01/2016 - 06/30/2017				
Expense.....	.....		$41,228.09	$37.82	$41,265.91
Indemnity.....	.....		$340,063.69	$0.00	$340,063.69
Medical.....	.....		$452,804.74	$154,884.65	$607,689.39
			$834,096.52	$154,922.47	$989,018.99
# of Claims	45				
# Open	2	Recovery Amount:	-23,479.12		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		
	07/01/2014 - 06/30/2015				
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**		
	07/01/2013 - 06/30/2014				
Expense			**$2,603.52**	**$50.00**	**$2,653.52**
Indemnity			**$14,971.99**	**$0.00**	**$14,971.99**
Medical			**$168,804.25**	**$198,945.33**	**$367,749.58**
			$186,379.76	**$198,995.33**	**$385,375.09**
# of Claims	**47**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
Expense			**$48,912.48**	**$0.00**	**$48,912.48**
Indemnity			**$305,721.90**	**$0.00**	**$305,721.90**
Medical			**$521,752.37**	**$0.00**	**$521,752.37**
			$876,386.75	**$0.00**	**$876,386.75**
# of Claims	**51**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2009 - 06/30/2010				
Expense			**$14,042.86**	**$0.00**	**$14,042.86**
Indemnity			**$3,815.41**	**$0.00**	**$3,815.41**
Medical			**$325,692.09**	**$0.00**	**$325,692.09**
			$343,550.36	**$0.00**	**$343,550.36**
# of Claims	**68**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
Expense			**$24,076.08**	**$18.82**	**$24,094.90**
Indemnity			**$206,663.52**	**$0.00**	**$206,663.52**
Medical			**$314,521.93**	**$157,414.98**	**$471,936.91**
			$545,261.53	**$157,433.80**	**$702,695.33**
# of Claims	**32**				
# Open	**1**	**Recovery Amount:**	**0.00**		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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**		
	07/01/2004 - 06/30/2005				
Expense			**$15,000.28**	**$0.00**	**$15,000.28**
Indemnity			**$84,795.55**	**$0.00**	**$84,795.55**
Medical			**$338,866.34**	**$0.00**	**$338,866.34**
			$438,662.17	**$0.00**	**$438,662.17**
# of Claims	**37**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
Expense			**$10,668.04**	**$0.00**	**$10,668.04**
Indemnity			**$165,155.88**	**$0.00**	**$165,155.88**
Medical			**$337,923.18**	**$0.00**	**$337,923.18**
			$513,747.10	**$0.00**	**$513,747.10**
# of Claims	**43**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2001 - 06/30/2002				
Expense			**$1,484.50**	**$18.82**	**$1,503.32**
Indemnity			**$13,431.65**	**$0.00**	**$13,431.65**
Medical			**$135,660.95**	**$8,135.81**	**$143,796.76**
			$150,577.10	**$8,154.63**	**$158,731.73**
# of Claims	**36**				
# Open	**1**	**Recovery Amount:**	**0.00**		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
Expense			**$6,682.55**	**$0.00**	**$6,682.55**
Indemnity			**$12,091.12**	**$0.00**	**$12,091.12**
Medical			**$167,812.11**	**$0.00**	**$167,812.11**
			$186,585.78	**$0.00**	**$186,585.78**
# of Claims	**37**				
# Open	**0**	**Recovery Amount:**	**-78.00**		
	07/01/1999 - 06/30/2000				
Expense			**$2,937.50**	**$0.00**	**$2,937.50**
Indemnity			**$5,554.71**	**$0.00**	**$5,554.71**
Medical			**$20,766.28**	**$0.00**	**$20,766.28**
			$29,258.49	**$0.00**	**$29,258.49**
# of Claims	**44**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/1998 - 06/30/1999				
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**		
	07/01/1997 - 06/30/1998				
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**		
	07/01/1996 - 06/30/1997				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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**		
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

214 - Longwood University

Grand Totals for 214 - Longwood University	Paid to Date	Outstanding	Incurred
Expense.....	$123,660.68	$75,070.26	$198,730.94
Indemnity.....	$2,449,549.50	$836,973.14	$3,286,522.64
Medical.....	$3,381,795.40	$628,131.05	$4,009,926.45
	$5,955,005.58	$1,540,174.45	$7,495,180.03

# of Claims 1,208
 # Open 10 **Recovery Amount:** -$3,751.81

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$18.82	$100.00	$118.82
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$2,652.87	$1,200.00	$3,852.87
			$2,671.69	$1,300.00	$3,971.69
# of Claims	12				
# Open	1	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$271.20	$0.00	$271.20
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$14,240.88	$0.00	$14,240.88
			$14,512.08	$0.00	$14,512.08
# of Claims	13				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$2,574.84	$4,848.82	$7,423.66
Indemnity.....	.....		$63,952.81	$289,876.23	$353,829.04
Medical.....	.....		$88,700.55	$45,039.64	$133,740.19
			$155,228.20	$339,764.69	$494,992.89
# of Claims	13				
# Open	1	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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214 - Longwood University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2020 - 06/30/2021				
Expense			**$6,514.16**	**$3,718.82**	**$10,232.98**
Indemnity			**$226,008.76**	**$279,019.76**	**$505,028.52**
Medical			**$71,174.17**	**$15,588.58**	**$86,762.75**
			$303,697.09	**$298,327.16**	**$602,024.25**
# of Claims	**19**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2019 - 06/30/2020				
Expense			**$6,593.66**	**$3,600.57**	**$10,194.23**
Indemnity			**$35,928.74**	**$0.00**	**$35,928.74**
Medical			**$315,845.34**	**$63,469.17**	**$379,314.51**
			$358,367.74	**$67,069.74**	**$425,437.48**
# of Claims	**13**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2018 - 06/30/2019				
Expense			**$7,425.13**	**$19,357.60**	**$26,782.73**
Indemnity			**$80,068.00**	**$55,182.00**	**$135,250.00**
Medical			**$107,028.89**	**$292,139.06**	**$399,167.95**
			$194,522.02	**$366,678.66**	**$561,200.68**
# of Claims	**21**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2017 - 06/30/2018				
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**		
	07/01/2016 - 06/30/2017				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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214 - Longwood University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		
	07/01/2014 - 06/30/2015				
Expense			**$6,987.50**	**$8,000.00**	**$14,987.50**
Indemnity			**$139,194.87**	**$0.00**	**$139,194.87**
Medical			**$168,617.14**	**$100,127.80**	**$268,744.94**
			$314,799.51	**$108,127.80**	**$422,927.31**
# of Claims	**36**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2013 - 06/30/2014				
Expense			**$24,116.34**	**$21,295.25**	**$45,411.59**
Indemnity			**$181,763.88**	**$0.00**	**$181,763.88**
Medical			**$79,386.50**	**$73,632.93**	**$153,019.43**
			$285,266.72	**$94,928.18**	**$380,194.90**
# of Claims	**30**				
# Open	**1**	**Recovery Amount:**	**-920.21**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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214 - Longwood University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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**		
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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214 - Longwood University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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214 - Longwood University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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**		
	07/01/1999 - 06/30/2000				
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**		
	07/01/1998 - 06/30/1999				
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**		
	07/01/1997 - 06/30/1998				
Expense			**$651.37**	**$18.82**	**$670.19**
Indemnity			**$124,085.58**	**$0.00**	**$124,085.58**
Medical			**$456,173.24**	**$6,069.73**	**$462,242.97**
			$580,910.19	**$6,088.55**	**$586,998.74**
# of Claims	**32**				
# Open	**1**	**Recovery Amount:**	**-175.41**		
	07/01/1996 - 06/30/1997				
Expense			**$3,314.75**	**$10,270.38**	**$13,585.13**
Indemnity			**$165,565.39**	**$0.00**	**$165,565.39**
Medical			**$176,003.31**	**$27,103.47**	**$203,106.78**
			$344,883.45	**$37,373.85**	**$382,257.30**
# of Claims	**34**				
# Open	**1**	**Recovery Amount:**	**0.00**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

214 - Longwood University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
Expense.....	.....		$8,268.16	$3,860.00	$12,128.16
Indemnity.....	.....		$408,813.04	$212,895.15	$621,708.19
Medical.....	.....		$51,102.87	$3,760.67	$54,863.54
			$468,184.07	$220,515.82	$688,699.89
# of Claims	40				
# Open	1	Recovery Amount:	-38.52		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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214 - Longwood University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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214 - Longwood University

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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215 - University of Mary Washington

Grand Totals for 215 - University of Mary Washington			Paid to Date	Outstanding	Incurred
Expense.....			**$82,770.62**	**$12,364.24**	**$95,134.86**
Indemnity.....			**$1,713,533.11**	**$49,805.84**	**$1,763,338.95**
Medical.....			**$2,487,439.72**	**$289,337.60**	**$2,776,777.32**
			$4,283,743.45	**$351,507.68**	**$4,635,251.13**
# of Claims	**1,715**				
# Open	**7**	**Recovery Amount:**	**-$63,653.81**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		**$87.69**	**$388.77**	**$476.46**
Indemnity.....	.....		**$0.00**	**$5,429.10**	**$5,429.10**
Medical.....	.....		**$8,412.65**	**$16,147.60**	**$24,560.25**
			$8,500.34	**$21,965.47**	**$30,465.81**
# of Claims	**17**				
# Open	**4**	**Recovery Amount:**	**0.00**		
	07/01/2023 - 06/30/2024				
Expense.....	.....		**$85.91**	**$0.00**	**$85.91**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$4,094.04**	**$0.00**	**$4,094.04**
			$4,179.95	**$0.00**	**$4,179.95**
# of Claims	**14**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2022 - 06/30/2023				
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**		
	07/01/2021 - 06/30/2022				
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**				

215 - University of Mary Washington

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	-2,337.05		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$24,913.52	$0.00	$24,913.52
Indemnity.....	.....		$443,791.91	$0.00	$443,791.91
Medical.....	.....		$298,265.82	$0.00	$298,265.82
			$766,971.25	$0.00	$766,971.25
# of Claims	30				
# Open	0	Recovery Amount:	0.00		
	07/01/2016 - 06/30/2017				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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215 - University of Mary Washington

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		
	07/01/2014 - 06/30/2015				
Expense			**$21,852.35**	**$11,905.83**	**$33,758.18**
Indemnity			**$240,407.12**	**$44,376.74**	**$284,783.86**
Medical			**$365,700.86**	**$209,479.02**	**$575,179.88**
			$627,960.33	**$265,761.59**	**$893,721.92**
# of Claims	**35**				
# Open	**1**	**Recovery Amount:**	**-34,192.45**		
	07/01/2013 - 06/30/2014				
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**		
	07/01/2012 - 06/30/2013				
Expense			**$5,660.08**	**$0.00**	**$5,660.08**
Indemnity			**$37,521.65**	**$0.00**	**$37,521.65**
Medical			**$155,128.53**	**$0.00**	**$155,128.53**
			$198,310.26	**$0.00**	**$198,310.26**
# of Claims	**33**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2011 - 06/30/2012				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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215 - University of Mary Washington

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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**		
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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**		

215 - University of Mary Washington

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$8.00	$50.82	$58.82
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$45,013.14	$58,439.82	$103,452.96
			$45,021.14	$58,490.64	$103,511.78
# of Claims	36				
# Open	1	Recovery Amount:	0.00		
	07/01/2003 - 06/30/2004				
Expense.....	.....		$0.00	$18.82	$18.82
Indemnity.....	.....		$7,645.58	$0.00	$7,645.58
Medical.....	.....		$40,204.19	$5,271.16	$45,475.35
			$47,849.77	$5,289.98	$53,139.75
# of Claims	43				
# Open	1	Recovery Amount:	0.00		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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215 - University of Mary Washington

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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**		
	07/01/1999 - 06/30/2000				
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**		
	07/01/1998 - 06/30/1999				
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**		
	07/01/1997 - 06/30/1998				
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**		
	07/01/1996 - 06/30/1997				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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215 - University of Mary Washington

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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**		
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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215 - University of Mary Washington

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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215 - University of Mary Washington

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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216 - JAMES MADISON UNIVERSITY

Grand Totals for 216 - JAMES MADISON UNIVERSITY	Paid to Date	Outstanding	Incurred
Expense.....	$427,945.02	$50,505.44	$478,450.46
Indemnity.....	$5,826,451.10	$337,278.00	$6,163,729.10
Medical.....	$10,625,915.99	$1,396,019.04	$12,021,935.03
	$16,880,312.11	$1,783,802.48	$18,664,114.59

# of Claims 8,184

 # Open 35 **Recovery Amount:** -$302,717.17

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$2,787.65	$12,395.36	$15,183.01
Indemnity.....	.....		$25,072.38	$82,871.32	$107,943.70
Medical.....	.....		$78,869.51	$216,157.29	$295,026.80
			$106,729.54	$311,423.97	$418,153.51
# of Claims	101				
# Open	21	Recovery Amount:	-178.56		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$6,406.23	$6,716.00	$13,122.23
Indemnity.....	.....		$23,976.61	$50,767.06	$74,743.67
Medical.....	.....		$173,416.15	$75,210.04	$248,626.19
			$203,798.99	$132,693.10	$336,492.09
# of Claims	112				
# Open	2	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$831.55	$55.00	$886.55
Indemnity.....	.....		$11,160.04	$0.00	$11,160.04
Medical.....	.....		$86,960.66	$32,029.73	$118,990.39
			$98,952.25	$32,084.73	$131,036.98
# of Claims	91				
# Open	1	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$1,892.45	$0.00	$1,892.45
Indemnity.....	.....		$23,091.19	$0.00	$23,091.19
Medical.....	.....		$139,092.51	$0.00	$139,092.51
			$164,076.15	$0.00	$164,076.15
# of Claims	109				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

216 - JAMES MADISON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$4,819.89	$5,860.62	$10,680.51
Indemnity.....	.....		$36,838.98	$0.00	$36,838.98
Medical.....	.....		$118,287.89	$2,056.62	$120,344.51
			$159,946.76	$7,917.24	$167,864.00
# of Claims	113				
# Open	1	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$11,094.81	$0.00	$11,094.81
Indemnity.....	.....		$122,893.14	$0.00	$122,893.14
Medical.....	.....		$264,898.03	$0.00	$264,898.03
			$398,885.98	$0.00	$398,885.98
# of Claims	116				
# Open	0	Recovery Amount:	-365.40		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$24,395.76	$2,390.82	$26,786.58
Indemnity.....	.....		$153,504.27	$52,073.34	$205,577.61
Medical.....	.....		$279,719.93	$4,722.49	$284,442.42
			$457,619.96	$59,186.65	$516,806.61
# of Claims	137				
# Open	1	Recovery Amount:	-4,759.18		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$66,389.78	$16,036.82	$82,426.60
Indemnity.....	.....		$534,828.87	$151,566.28	$686,395.15
Medical.....	.....		$758,767.92	$148,126.92	$906,894.84
			$1,359,986.57	$315,730.02	$1,675,716.59
# of Claims	139				
# Open	2	Recovery Amount:	-371.44		
	07/01/2016 - 06/30/2017				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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216 - JAMES MADISON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		
	07/01/2014 - 06/30/2015				
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**		
	07/01/2013 - 06/30/2014				
Expense			**$30,087.18**	**$2,532.00**	**$32,619.18**
Indemnity			**$285,355.39**	**$0.00**	**$285,355.39**
Medical			**$775,414.01**	**$524,425.60**	**$1,299,839.61**
			$1,090,856.58	**$526,957.60**	**$1,617,814.18**
# of Claims	**130**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2012 - 06/30/2013				
Expense			**$39,822.73**	**$0.00**	**$39,822.73**
Indemnity			**$725,482.15**	**$0.00**	**$725,482.15**
Medical			**$451,562.28**	**$6,197.23**	**$457,759.51**
			$1,216,867.16	**$6,197.23**	**$1,223,064.39**
# of Claims	**164**				
# Open	**1**	**Recovery Amount:**	**-5,421.31**		
	07/01/2011 - 06/30/2012				
Expense			**$26,191.13**	**$0.00**	**$26,191.13**
Indemnity			**$231,798.40**	**$0.00**	**$231,798.40**
Medical			**$286,304.18**	**$0.00**	**$286,304.18**
			$544,293.71	**$0.00**	**$544,293.71**
# of Claims	**157**				
# Open	**0**	**Recovery Amount:**	**-2,939.07**		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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216 - JAMES MADISON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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**		
	07/01/2009 - 06/30/2010				
Expense			**$26,492.32**	**$0.00**	**$26,492.32**
Indemnity			**$260,817.59**	**$0.00**	**$260,817.59**
Medical			**$251,372.64**	**$0.00**	**$251,372.64**
			$538,682.55	**$0.00**	**$538,682.55**
# of Claims	**151**				
# Open	**0**	**Recovery Amount:**	**-210,514.06**		
	07/01/2008 - 06/30/2009				
Expense			**$7,408.55**	**$0.00**	**$7,408.55**
Indemnity			**$287,009.65**	**$0.00**	**$287,009.65**
Medical			**$389,677.31**	**$19,053.20**	**$408,730.51**
			$684,095.51	**$19,053.20**	**$703,148.71**
# of Claims	**150**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
Expense			**$19,363.76**	**$4,500.00**	**$23,863.76**
Indemnity			**$226,993.26**	**$0.00**	**$226,993.26**
Medical			**$383,632.79**	**$268,746.09**	**$652,378.88**
			$629,989.81	**$273,246.09**	**$903,235.90**
# of Claims	**178**				
# Open	**1**	**Recovery Amount:**	**-188.67**		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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216 - JAMES MADISON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense			**$873.70**	**$0.00**	**$873.70**
Indemnity			**$42,801.17**	**$0.00**	**$42,801.17**
Medical			**$398,868.75**	**$13,348.47**	**$412,217.22**
			$442,543.62	**$13,348.47**	**$455,892.09**
# of Claims	**209**				
# Open	**1**	**Recovery Amount:**	**-2,412.46**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

216 - JAMES MADISON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
Expense.....	.....		$7,390.50	$18.82	$7,409.32
Indemnity.....	.....		$295,725.08	$0.00	$295,725.08
Medical.....	.....		$333,071.11	$72,688.11	$405,759.22
			$636,186.69	$72,706.93	$708,893.62
# of Claims	219				
# Open	1	Recovery Amount:	-3,555.14		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
Expense.....	.....		$17,543.03	$0.00	$17,543.03
Indemnity.....	.....		$375,556.15	$0.00	$375,556.15
Medical.....	.....		$584,260.84	$13,257.25	$597,518.09
			$977,360.02	$13,257.25	$990,617.27
# of Claims	290				
# Open	1	Recovery Amount:	-1,374.80		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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216 - JAMES MADISON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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**		
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
Expense			**$21,834.70**	**$0.00**	**$21,834.70**
Indemnity			**$128,529.97**	**$0.00**	**$128,529.97**
Medical			**$828,394.24**	**$0.00**	**$828,394.24**
			$978,758.91	**$0.00**	**$978,758.91**
# of Claims	**372**				
# Open	**0**	**Recovery Amount:**	**-2,398.35**		
	07/01/1991 - 06/30/1992				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

216 - JAMES MADISON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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216 - JAMES MADISON UNIVERSITY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

217 - RADFORD UNIVERSITY

Grand Totals for 217 - RADFORD UNIVERSITY	Paid to Date	Outstanding	Incurred
Expense.....	$172,623.72	$18,314.03	$190,937.75
Indemnity.....	$3,290,855.08	$204,973.20	$3,495,828.28
Medical.....	$6,534,622.01	$2,901,585.06	$9,436,207.07
	$9,998,100.81	$3,124,872.29	$13,122,973.10

# of Claims	3,552		
# Open	10	Recovery Amount:	-$93,331.82

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$375.47	$3,809.82	$4,185.29
Indemnity.....	.....		$9,663.83	$25,779.06	$35,442.89
Medical.....	.....		$31,075.71	$54,180.72	$85,256.43
			$41,115.01	$83,769.60	$124,884.61
# of Claims	28				
# Open	2	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$4,916.76	$8,995.67	$13,912.43
Indemnity.....	.....		$0.00	$33,784.59	$33,784.59
Medical.....	.....		$197,443.06	$72,636.78	$270,079.84
			$202,359.82	$115,417.04	$317,776.86
# of Claims	20				
# Open	2	Recovery Amount:	-650.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$10,202.80	$5,489.72	$15,692.52
Indemnity.....	.....		$106,137.44	$145,409.55	$251,546.99
Medical.....	.....		$136,325.15	$48,271.01	$184,596.16
			$252,665.39	$199,170.28	$451,835.67
# of Claims	45				
# Open	2	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$526.86	$0.00	$526.86
Indemnity.....	.....		$8,187.18	$0.00	$8,187.18
Medical.....	.....		$65,865.96	$0.00	$65,865.96
			$74,580.00	$0.00	$74,580.00
# of Claims	38				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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217 - RADFORD UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$954.41	$0.00	$954.41
Indemnity.....	.....		$10,632.81	$0.00	$10,632.81
Medical.....	.....		$40,954.52	$0.00	$40,954.52
			$52,541.74	$0.00	$52,541.74
# of Claims	55				
# Open	0	Recovery Amount:	0.00		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$374.45	$0.00	$374.45
Indemnity.....	.....		$11,137.91	$0.00	$11,137.91
Medical.....	.....		$61,959.75	$0.00	$61,959.75
			$73,472.11	$0.00	$73,472.11
# of Claims	50				
# Open	0	Recovery Amount:	0.00		
	07/01/2016 - 06/30/2017				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		
	07/01/2014 - 06/30/2015				
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**		
	07/01/2013 - 06/30/2014				
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**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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**		
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
Expense			**$2,752.56**	**$0.00**	**$2,752.56**
Indemnity			**$46,050.46**	**$0.00**	**$46,050.46**
Medical			**$96,738.71**	**$0.00**	**$96,738.71**
			$145,541.73	**$0.00**	**$145,541.73**
# of Claims	**78**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2007 - 06/30/2008				
Expense			**$20,362.98**	**$18.82**	**$20,381.80**
Indemnity			**$104,302.04**	**$0.00**	**$104,302.04**
Medical			**$203,937.08**	**$137,025.07**	**$340,962.15**
			$328,602.10	**$137,043.89**	**$465,645.99**
# of Claims	**86**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2006 - 06/30/2007				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
Expense			**$8,272.10**	**$0.00**	**$8,272.10**
Indemnity			**$162,442.37**	**$0.00**	**$162,442.37**
Medical			**$1,556,444.59**	**$2,577,655.20**	**$4,134,099.79**
			$1,727,159.06	**$2,577,655.20**	**$4,304,814.26**
# of Claims	**116**				
# Open	**2**	**Recovery Amount:**	**0.00**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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**		
	07/01/1999 - 06/30/2000				
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**		
	07/01/1998 - 06/30/1999				
Expense			**$2,103.00**	**$0.00**	**$2,103.00**
Indemnity			**$111,745.38**	**$0.00**	**$111,745.38**
Medical			**$390,638.35**	**$0.00**	**$390,638.35**
			$504,486.73	**$0.00**	**$504,486.73**
# of Claims	**231**				
# Open	**0**	**Recovery Amount:**	**-178.60**		
	07/01/1997 - 06/30/1998				
Expense			**$249.73**	**$0.00**	**$249.73**
Indemnity			**$332,443.30**	**$0.00**	**$332,443.30**
Medical			**$226,153.37**	**$11,816.28**	**$237,969.65**
			$558,846.40	**$11,816.28**	**$570,662.68**
# of Claims	**195**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/1996 - 06/30/1997				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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**		
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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217 - RADFORD UNIVERSITY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

218 - VA School for the Deaf & Blind 218

Grand Totals for 218 - VA School for the Deaf & Blind 218	Paid to Date	Outstanding	Incurred
Expense.....	$14,275.86	$4,337.00	$18,612.86
Indemnity.....	$447,207.56	$35,670.46	$482,878.02
Medical.....	$1,016,406.81	$135,262.11	$1,151,668.92
	$1,477,890.23	$175,269.57	$1,653,159.80

# of Claims 1,027
 # Open 3 **Recovery Amount:** -$3,076.96

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$47.27	$4,117.00	$4,164.27
Indemnity.....	.....		$5,515.38	$21,110.62	$26,626.00
Medical.....	.....		$30,919.67	$115,291.70	$146,211.37
			$36,482.32	$140,519.32	$177,001.64
# of Claims	13				
# Open	2	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$79.65	$0.00	$79.65
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$2,474.31	$0.00	$2,474.31
			$2,553.96	$0.00	$2,553.96
# of Claims	16				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$26.82	$220.00	$246.82
Indemnity.....	.....		$9,208.46	$14,559.84	$23,768.30
Medical.....	.....		$44,017.89	$19,970.41	$63,988.30
			$53,253.17	$34,750.25	$88,003.42
# of Claims	10				
# Open	1	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$135.04	$0.00	$135.04
Indemnity.....	.....		$1,679.60	$0.00	$1,679.60
Medical.....	.....		$3,212.79	$0.00	$3,212.79
			$5,027.43	$0.00	$5,027.43
# of Claims	12				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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218 - VA School for the Deaf & Blind 218

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		

218 - VA School for the Deaf & Blind 218

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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218 - VA School for the Deaf & Blind 218

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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**		
	07/01/2009 - 06/30/2010				
Expense			**$366.70**	**$0.00**	**$366.70**
Indemnity			**$8,921.61**	**$0.00**	**$8,921.61**
Medical			**$73,629.13**	**$0.00**	**$73,629.13**
			$82,917.44	**$0.00**	**$82,917.44**
# of Claims	**60**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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**		

218 - VA School for the Deaf & Blind 218

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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218 - VA School for the Deaf & Blind 218

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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**		
	07/01/1999 - 06/30/2000				
Expense			**$10,960.28**	**$0.00**	**$10,960.28**
Indemnity			**$172,926.77**	**$0.00**	**$172,926.77**
Medical			**$351,632.61**	**$0.00**	**$351,632.61**
			$535,519.66	**$0.00**	**$535,519.66**
# of Claims	**30**				
# Open	**0**	**Recovery Amount:**	**-87.38**		
	07/01/1998 - 06/30/1999				
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**		
	07/01/1997 - 06/30/1998				
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**		
	07/01/1996 - 06/30/1997				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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218 - VA School for the Deaf & Blind 218

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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**		
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		

219 - DEAF/BLIND 219, VA SCHOOL FOR THE

Grand Totals for 219 - DEAF/BLIND 219, VA SCHOOL FOR THE	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		
	07/01/2005 - 06/30/2006				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

219 - DEAF/BLIND 219, VA SCHOOL FOR THE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

219 - DEAF/BLIND 219, VA SCHOOL FOR THE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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219 - DEAF/BLIND 219, VA SCHOOL FOR THE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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**		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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219 - DEAF/BLIND 219, VA SCHOOL FOR THE

Policy	Policy Period	Paid to Date	Outstanding	Incurred

221 - OLD DOMINION UNIVERSITY

Grand Totals for 221 - OLD DOMINION UNIVERSITY	Paid to Date	Outstanding	Incurred
Expense.....	$256,308.43	$8,698.74	$265,007.17
Indemnity.....	$4,544,134.52	$53,776.36	$4,597,910.88
Medical.....	$8,927,064.15	$691,130.78	$9,618,194.93
	$13,727,507.10	$753,605.88	$14,481,112.98

# of Claims 3,669
 # Open 25 **Recovery Amount:** -$197,203.37

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$2,278.25	$2,799.10	$5,077.35
Indemnity.....	.....		$6,215.24	$30,040.41	$36,255.65
Medical.....	.....		$77,191.67	$61,524.93	$138,716.60
			$85,685.16	$94,364.44	$180,049.60
# of Claims	94				
# Open	15	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$744.90	$3,704.50	$4,449.40
Indemnity.....	.....		$17,288.00	$23,735.95	$41,023.95
Medical.....	.....		$282,642.06	$52,552.98	$335,195.04
			$300,674.96	$79,993.43	$380,668.39
# of Claims	40				
# Open	2	Recovery Amount:	-23,708.02		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$344.38	$0.00	$344.38
Indemnity.....	.....		$950.15	$0.00	$950.15
Medical.....	.....		$69,695.68	$0.00	$69,695.68
			$70,990.21	$0.00	$70,990.21
# of Claims	31				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$4,227.82	$0.00	$4,227.82
Indemnity.....	.....		$8,801.34	$0.00	$8,801.34
Medical.....	.....		$15,009.29	$0.00	$15,009.29
			$28,038.45	$0.00	$28,038.45
# of Claims	26				

221 - OLD DOMINION UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	-260.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$4,357.43	$0.00	$4,357.43
Indemnity.....	.....		$18,759.01	$0.00	$18,759.01
Medical.....	.....		$47,971.08	$62,316.60	$110,287.68
			$71,087.52	$62,316.60	$133,404.12
# of Claims	35				
# Open	1	Recovery Amount:	0.00		
	07/01/2018 - 06/30/2019				
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	0	Recovery Amount:	0.00		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$151.03	$0.00	$151.03
Indemnity.....	.....		$38,504.79	$0.00	$38,504.79
Medical.....	.....		$82,195.75	$0.00	$82,195.75
			$120,851.57	$0.00	$120,851.57
# of Claims	45				
# Open	0	Recovery Amount:	0.00		
	07/01/2016 - 06/30/2017				
Expense.....	.....		$441.41	$2,018.82	$2,460.23
Indemnity.....	.....		$26,310.75	$0.00	$26,310.75
Medical.....	.....		$222,413.75	$202,222.62	$424,636.37
			$249,165.91	$204,241.44	$453,407.35
# of Claims	57				
# Open	2	Recovery Amount:	0.00		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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221 - OLD DOMINION UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		
	07/01/2014 - 06/30/2015				
Expense			**$19,049.36**	**$138.68**	**$19,188.04**
Indemnity			**$383,039.23**	**$0.00**	**$383,039.23**
Medical			**$243,487.47**	**$14,000.00**	**$257,487.47**
			$645,576.06	**$14,138.68**	**$659,714.74**
# of Claims	**77**				
# Open	**1**	**Recovery Amount:**	**-21.83**		
	07/01/2013 - 06/30/2014				
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**		
	07/01/2012 - 06/30/2013				
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	**0**	**Recovery Amount:**	**-154.40**		
	07/01/2011 - 06/30/2012				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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221 - OLD DOMINION UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
Expense			**$14,894.63**	**$0.00**	**$14,894.63**
Indemnity			**$29,270.06**	**$0.00**	**$29,270.06**
Medical			**$225,313.77**	**$0.00**	**$225,313.77**
			$269,478.46	**$0.00**	**$269,478.46**
# of Claims	**78**				
# Open	**0**	**Recovery Amount:**	**-25,088.40**		
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
Expense			**$41,011.77**	**$0.00**	**$41,011.77**
Indemnity			**$479,088.41**	**$0.00**	**$479,088.41**
Medical			**$238,299.81**	**$0.00**	**$238,299.81**
			$758,399.99	**$0.00**	**$758,399.99**
# of Claims	**60**				
# Open	**0**	**Recovery Amount:**	**-2,216.12**		
	07/01/2006 - 06/30/2007				
Expense			**$0.00**	**$0.00**	**$0.00**
Indemnity			**$16,350.01**	**$0.00**	**$16,350.01**
Medical			**$81,693.69**	**$0.00**	**$81,693.69**
			$98,043.70	**$0.00**	**$98,043.70**
# of Claims	**60**				
# Open	**0**	**Recovery Amount:**	**0.00**		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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221 - OLD DOMINION UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
Expense			**$16.00**	**$18.82**	**$34.82**
Indemnity			**$24,943.72**	**$0.00**	**$24,943.72**
Medical			**$207,026.47**	**$73,365.72**	**$280,392.19**
			$231,986.19	**$73,384.54**	**$305,370.73**
# of Claims	**68**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2001 - 06/30/2002				
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:**	**-14,068.65**		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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221 - OLD DOMINION UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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**		
	07/01/1999 - 06/30/2000				
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**		
	07/01/1998 - 06/30/1999				
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**		
	07/01/1997 - 06/30/1998				
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**		
	07/01/1996 - 06/30/1997				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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221 - OLD DOMINION UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
Expense			**$2,340.00**	**$0.00**	**$2,340.00**
Indemnity			**$177,351.55**	**$0.00**	**$177,351.55**
Medical			**$1,256,515.51**	**$62,694.83**	**$1,319,210.34**
			$1,436,207.06	**$62,694.83**	**$1,498,901.89**
# of Claims	**141**				
# Open	**1**	**Recovery Amount:**	**-156.00**		
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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221 - OLD DOMINION UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
Expense			**$7,517.56**	**$18.82**	**$7,536.38**
Indemnity			**$221,471.18**	**$0.00**	**$221,471.18**
Medical			**$909,318.76**	**$162,453.10**	**$1,071,771.86**
			$1,138,307.50	**$162,471.92**	**$1,300,779.42**
# of Claims	**186**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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221 - OLD DOMINION UNIVERSITY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

222 - PROF & OCCUP. REG., DEPT.

Grand Totals for 222 - PROF & OCCUP. REG., DEPT.	Paid to Date	Outstanding	Incurred
Expense.....	$1,816.37	$0.00	$1,816.37
Indemnity.....	$28,667.13	$0.00	$28,667.13
Medical.....	$121,185.20	$0.00	$121,185.20
	$151,668.70	$0.00	$151,668.70

# of Claims 124
 # Open 1 **Recovery Amount:** -$2,018.67

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2023 - 06/30/2024				
Expense.....	.....		$513.14	$0.00	$513.14
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$2,903.22	$0.00	$2,903.22
			$3,416.36	$0.00	$3,416.36
# of Claims	3				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$155.53	$0.00	$155.53
			$155.53	$0.00	$155.53
# of Claims	2				
# Open	1	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
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				

222 - PROF & OCCUP. REG., DEPT.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		

222 - PROF & OCCUP. REG., DEPT.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2013 - 06/30/2014				
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		
	07/01/2011 - 06/30/2012				
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		
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

222 - PROF & OCCUP. REG., DEPT.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

222 - PROF & OCCUP. REG., DEPT.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		

222 - PROF & OCCUP. REG., DEPT.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

222 - PROF & OCCUP. REG., DEPT.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1992 - 06/30/1993				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		

223 - HEALTH PROFESSIONS DEPT.

Grand Totals for 223 - HEALTH PROFESSIONS DEPT.	Paid to Date	Outstanding	Incurred
Expense.....	$346.91	$68.82	$415.73
Indemnity.....	$70,488.20	$0.00	$70,488.20
Medical.....	$181,617.75	$33,428.45	$215,046.20
	$252,452.86	$33,497.27	$285,950.13

# of Claims	208		
# Open	2	Recovery Amount:	-$17,545.23

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$37.64	$50.00	$87.64
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,497.89	$780.05	$2,277.94
			$1,535.53	$830.05	$2,365.58
# of Claims	7				
# Open	1	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$18.82	$0.00	$18.82
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$2,159.75	$0.00	$2,159.75
			$2,178.57	$0.00	$2,178.57
# of Claims	4				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
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		
	07/01/2021 - 06/30/2022				
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				

223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$124.00	$18.82	$142.82
Indemnity.....	.....		$9,138.95	$0.00	$9,138.95
Medical.....	.....		$65,593.38	$32,648.40	$98,241.78
			$74,856.33	$32,667.22	$107,523.55
# of Claims	6				
# Open	1	Recovery Amount:	0.00		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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**		
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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**		

223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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**		
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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226 - Board of Accountancy

Grand Totals for 226 - Board of Accountancy	Paid to Date	Outstanding	Incurred
Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$0.00**	**$0.00**	**$0.00**
	$0.00	**$0.00**	**$0.00**

# of Claims **1**

 # Open **0** **Recovery Amount:** **$0.00**

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2021 - 06/30/2022				
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**		

229 - VPI Coop. Ext. and Ag. Exp. Stn.

Grand Totals for 229 - VPI Coop. Ext. and Ag. Exp. Stn.	Paid to Date	Outstanding	Incurred
Expense.....	$10,526.95	$0.00	$10,526.95
Indemnity.....	$365,132.29	$26,459.20	$391,591.49
Medical.....	$73,619.29	$10,681.39	$84,300.68
	$449,278.53	$37,140.59	$486,419.12

# of Claims 63
 # Open 2 **Recovery Amount:** -$1,833.75

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$47.64	$0.00	$47.64
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$2,285.17	$10,681.39	$12,966.56
			$2,332.81	$10,681.39	$13,014.20
# of Claims	4				
# Open	1	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$37.64	$0.00	$37.64
Indemnity.....	.....		$502.51	$0.00	$502.51
Medical.....	.....		$7,732.87	$0.00	$7,732.87
			$8,273.02	$0.00	$8,273.02
# of Claims	3				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$142.50	$0.00	$142.50
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$4,466.01	$0.00	$4,466.01
			$4,608.51	$0.00	$4,608.51
# of Claims	9				
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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				

229 - VPI Coop. Ext. and Ag. Exp. Stn.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$3,562.30	$0.00	$3,562.30
Indemnity.....	.....		$26,573.22	$0.00	$26,573.22
Medical.....	.....		$45,166.64	$0.00	$45,166.64
			$75,302.16	$0.00	$75,302.16
# of Claims	10				
# Open	0	Recovery Amount:	0.00		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
Expense.....	.....		$6,537.86	$0.00	$6,537.86
Indemnity.....	.....		$338,056.56	$26,459.20	$364,515.76
Medical.....	.....		$8,252.44	$0.00	$8,252.44
			$352,846.86	$26,459.20	$379,306.06
# of Claims	20				
# Open	1	Recovery Amount:	-1,833.75		
	07/01/2015 - 06/30/2016				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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229 - VPI Coop. Ext. and Ag. Exp. Stn.

Policy	Policy Period	Paid to Date	Outstanding	Incurred

230 - RESEARCH & CONTINUING ED DIV.

Grand Totals for 230 - RESEARCH & CONTINUING ED DIV.	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1996 - 06/30/1997				
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		
	07/01/1991 - 06/30/1992				
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		

234 - VSU Coop. Ext. & Ag. Research Svcs

Grand Totals for 234 - VSU Coop. Ext. & Ag. Research Svcs	Paid to Date	Outstanding	Incurred
Expense.....	$280.73	$80.00	$360.73
Indemnity.....	$787.83	$0.00	$787.83
Medical.....	$10,635.14	$3,300.00	$13,935.14
	$11,703.70	$3,380.00	$15,083.70

# of Claims 24
 # Open 1 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$18.82	$0.00	$18.82
Indemnity.....	.....		$452.58	$0.00	$452.58
Medical.....	.....		$1,426.11	$0.00	$1,426.11
			$1,897.51	$0.00	$1,897.51
# of Claims	4				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$56.46	$80.00	$136.46
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$5,367.92	$3,300.00	$8,667.92
			$5,424.38	$3,380.00	$8,804.38
# of Claims	3				
# Open	1	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

234 - VSU Coop. Ext. & Ag. Research Svcs

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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234 - VSU Coop. Ext. & Ag. Research Svcs

Policy	Policy Period	Paid to Date	Outstanding	Incurred

236 - VIRGINIA COMMONWEALTH UNIVERSI

Grand Totals for 236 - VIRGINIA COMMONWEALTH UNIVERSI	Paid to Date	Outstanding	Incurred
Expense.....	$383,128.93	$52,012.43	$435,141.36
Indemnity.....	$6,650,641.74	$300,387.25	$6,951,028.99
Medical.....	$13,844,847.08	$6,375,364.27	$20,220,211.35
	$20,878,617.75	$6,727,763.95	$27,606,381.70

# of Claims	8,917		
# Open	47	Recovery Amount:	-$678,954.87

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$907.29	$4,050.00	$4,957.29
Indemnity.....	.....		$24,212.56	$47,388.64	$71,601.20
Medical.....	.....		$132,075.05	$205,178.85	$337,253.90
			$157,194.90	$256,617.49	$413,812.39
# of Claims	101				
# Open	19	Recovery Amount:	-500.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$789.12	$471.51	$1,260.63
Indemnity.....	.....		$61,015.35	$0.00	$61,015.35
Medical.....	.....		$200,707.59	$42,557.77	$243,265.36
			$262,512.06	$43,029.28	$305,541.34
# of Claims	130				
# Open	9	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$2,595.84	$520.00	$3,115.84
Indemnity.....	.....		$17,158.43	$6,713.41	$23,871.84
Medical.....	.....		$97,238.25	$54,342.13	$151,580.38
			$116,992.52	$61,575.54	$178,568.06
# of Claims	103				
# Open	3	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$880.07	$586.87	$1,466.94
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$86,203.09	$96,061.38	$182,264.47
			$87,083.16	$96,648.25	$183,731.41
# of Claims	110				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	3	Recovery Amount:	-3,800.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$833.25	$0.00	$833.25
Indemnity.....	.....		$5,363.94	$0.00	$5,363.94
Medical.....	.....		$36,702.80	$0.00	$36,702.80
			$42,899.99	$0.00	$42,899.99
# of Claims	85				
# Open	0	Recovery Amount:	-350.33		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$18,964.59	$2,532.82	$21,497.41
Indemnity.....	.....		$515,093.39	$144,253.87	$659,347.26
Medical.....	.....		$491,486.53	$71,275.01	$562,761.54
			$1,025,544.51	$218,061.70	$1,243,606.21
# of Claims	156				
# Open	2	Recovery Amount:	-138,233.10		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$19,879.11	$23,639.62	$43,518.73
Indemnity.....	.....		$161,939.92	$35,995.20	$197,935.12
Medical.....	.....		$365,309.66	$151,824.79	$517,134.45
			$547,128.69	$211,459.61	$758,588.30
# of Claims	146				
# Open	2	Recovery Amount:	-65,453.68		
	07/01/2016 - 06/30/2017				
Expense.....	.....		$22,281.48	$19,476.60	$41,758.08
Indemnity.....	.....		$351,185.40	$66,036.13	$417,221.53
Medical.....	.....		$1,098,196.10	$4,196,390.90	$5,294,587.00
			$1,471,662.98	$4,281,903.63	$5,753,566.61
# of Claims	133				
# Open	2	Recovery Amount:	-64,599.28		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense			**$5,099.51**	**$100.00**	**$5,199.51**
Indemnity			**$53,756.47**	**$0.00**	**$53,756.47**
Medical			**$607,273.40**	**$13,983.57**	**$621,256.97**
			$666,129.38	**$14,083.57**	**$680,212.95**
# of Claims	**182**				
# Open	**1**	**Recovery Amount:**	**-1,453.47**		
	07/01/2014 - 06/30/2015				
Expense			**$15,224.34**	**$18.82**	**$15,243.16**
Indemnity			**$251,151.99**	**$0.00**	**$251,151.99**
Medical			**$501,733.73**	**$1,041,473.53**	**$1,543,207.26**
			$768,110.06	**$1,041,492.35**	**$1,809,602.41**
# of Claims	**145**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2013 - 06/30/2014				
Expense			**$7,869.28**	**$0.00**	**$7,869.28**
Indemnity			**$302,190.41**	**$0.00**	**$302,190.41**
Medical			**$602,835.59**	**$182,685.45**	**$785,521.04**
			$912,895.28	**$182,685.45**	**$1,095,580.73**
# of Claims	**175**				
# Open	**1**	**Recovery Amount:**	**-15,448.78**		
	07/01/2012 - 06/30/2013				
Expense			**$17,995.04**	**$0.00**	**$17,995.04**
Indemnity			**$246,641.75**	**$0.00**	**$246,641.75**
Medical			**$583,196.05**	**$0.00**	**$583,196.05**
			$847,832.84	**$0.00**	**$847,832.84**
# of Claims	**164**				
# Open	**0**	**Recovery Amount:**	**-18,709.03**		
	07/01/2011 - 06/30/2012				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
Expense.....	.....		$26,961.74	$0.00	$26,961.74
Indemnity.....	.....		$272,211.41	$0.00	$272,211.41
Medical.....	.....		$575,908.14	$96,199.23	$672,107.37
			$875,081.29	$96,199.23	$971,280.52
# of Claims	203				
# Open	1	Recovery Amount:	-20,575.65		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
Expense.....	.....		$29,073.67	$597.37	$29,671.04
Indemnity.....	.....		$180,462.69	$0.00	$180,462.69
Medical.....	.....		$545,507.61	$101,859.50	$647,367.11
			$755,043.97	$102,456.87	$857,500.84
# of Claims	201				
# Open	1	Recovery Amount:	-4,301.89		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$16,484.99	$0.00	$16,484.99
Indemnity.....	.....		$546,577.98	$0.00	$546,577.98
Medical.....	.....		$240,821.24	$20,449.47	$261,270.71
			$803,884.21	$20,449.47	$824,333.68
# of Claims	219				
# Open	1	Recovery Amount:	-26,805.10		
	07/01/2003 - 06/30/2004				
Expense.....	.....		$15,511.47	$18.82	$15,530.29
Indemnity.....	.....		$224,497.36	$0.00	$224,497.36
Medical.....	.....		$494,091.36	$101,082.69	$595,174.05
			$734,100.19	$101,101.51	$835,201.70
# of Claims	223				
# Open	1	Recovery Amount:	-44,203.32		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
Expense.....	.....		$8,662.43	$0.00	$8,662.43
Indemnity.....	.....		$75,857.72	$0.00	$75,857.72
Medical.....	.....		$488,649.19	$0.00	$488,649.19
			$573,169.34	$0.00	$573,169.34
# of Claims	206				
# Open	0	Recovery Amount:	-1,487.11		

236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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**		
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
Expense			**$96,382.66**	**$0.00**	**$96,382.66**
Indemnity			**$457,963.51**	**$0.00**	**$457,963.51**
Medical			**$787,876.56**	**$0.00**	**$787,876.56**
			$1,342,222.73	**$0.00**	**$1,342,222.73**
# of Claims	**334**				
# Open	**0**	**Recovery Amount:**	**-65,598.05**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
Expense			**$4,533.58**	**$0.00**	**$4,533.58**
Indemnity			**$271,715.50**	**$0.00**	**$271,715.50**
Medical			**$343,732.35**	**$0.00**	**$343,732.35**
			$619,981.43	**$0.00**	**$619,981.43**
# of Claims	**355**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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237 - VCU Consigned Claims

Grand Totals for 237 - VCU Consigned Claims	Paid to Date	Outstanding	Incurred
Expense.....	**$242.86**	**$18.82**	**$261.68**
Indemnity.....	**$40,078.81**	**$0.00**	**$40,078.81**
Medical.....	**$221,224.31**	**$86,337.36**	**$307,561.67**
	$261,545.98	**$86,356.18**	**$347,902.16**

# of Claims **1**

 # Open **1** **Recovery Amount:** **$0.00**

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1973 - 06/30/1974				
Expense.....	.....		**$242.86**	**$18.82**	**$261.68**
Indemnity.....	.....		**$40,078.81**	**$0.00**	**$40,078.81**
Medical.....	.....		**$221,224.31**	**$86,337.36**	**$307,561.67**
			$261,545.98	**$86,356.18**	**$347,902.16**
# of Claims	**1**				
# Open	**1**	**Recovery Amount:**	**0.00**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

238 - VA MUSEUM OF FINE ARTS

Grand Totals for 238 - VA MUSEUM OF FINE ARTS	Paid to Date	Outstanding	Incurred
Expense.....	$60,570.49	$318.82	$60,889.31
Indemnity.....	$256,244.28	$0.00	$256,244.28
Medical.....	$3,412,436.14	$259,540.60	$3,671,976.74
	$3,729,250.91	$259,859.42	$3,989,110.33

# of Claims	746		
# Open	8	Recovery Amount:	-$4,748.57

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$42.69	$300.00	$342.69
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$4,681.19	$7,200.00	$11,881.19
			$4,723.88	$7,500.00	$12,223.88
# of Claims	25				
# Open	6	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$119.33	$0.00	$119.33
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$20,701.25	$119.01	$20,820.26
			$20,820.58	$119.01	$20,939.59
# of Claims	22				
# Open	1	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$41.68	$0.00	$41.68
Indemnity.....	.....		$1,443.47	$0.00	$1,443.47
Medical.....	.....		$972.44	$0.00	$972.44
			$2,457.59	$0.00	$2,457.59
# of Claims	12				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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**		
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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**		
	07/01/1999 - 06/30/2000				
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**		
	07/01/1998 - 06/30/1999				
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**		
	07/01/1997 - 06/30/1998				
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**		
	07/01/1996 - 06/30/1997				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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**		
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
Expense.....	.....		$58,261.67	$18.82	$58,280.49
Indemnity.....	.....		$133,015.12	$0.00	$133,015.12
Medical.....	.....		$2,955,022.04	$252,221.59	$3,207,243.63
			$3,146,298.83	$252,240.41	$3,398,539.24
# of Claims	34				
# Open	1	Recovery Amount:	0.00		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period	Paid to Date	Outstanding	Incurred

239 - VA FRONTIER CULTURE MUSEUM

Grand Totals for 239 - VA FRONTIER CULTURE MUSEUM	Paid to Date	Outstanding	Incurred
Expense.....	$11,533.78	$0.00	$11,533.78
Indemnity.....	$253,808.80	$0.00	$253,808.80
Medical.....	$815,456.91	$0.00	$815,456.91
	$1,080,799.49	$0.00	$1,080,799.49

# of Claims 386
 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$632.38	$0.00	$632.38
			$632.38	$0.00	$632.38
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$24.87	$0.00	$24.87
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,119.96	$0.00	$1,119.96
			$1,144.83	$0.00	$1,144.83
# of Claims	6				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$54.50	$0.00	$54.50
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$2,907.40	$0.00	$2,907.40
			$2,961.90	$0.00	$2,961.90
# of Claims	5				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
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				

239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		
	07/01/2015 - 06/30/2016				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		
	07/01/2010 - 06/30/2011				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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**		
	07/01/2005 - 06/30/2006				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1999 - 06/30/2000				
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**		
	07/01/1998 - 06/30/1999				
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**		
	07/01/1997 - 06/30/1998				
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**		
	07/01/1996 - 06/30/1997				
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**		
	07/01/1995 - 06/30/1996				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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**		
	07/01/1990 - 06/30/1991				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

241 - RICHARD BLAND COLLEGE

Grand Totals for 241 - RICHARD BLAND COLLEGE	Paid to Date	Outstanding	Incurred
Expense.....	$4,412.54	$3,915.43	$8,327.97
Indemnity.....	$109,389.73	$32,918.81	$142,308.54
Medical.....	$218,973.18	$57,361.22	$276,334.40
	$332,775.45	$94,195.46	$426,970.91

# of Claims	141		
# Open	2	Recovery Amount:	-$208.40

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$109.85	$3,915.43	$4,025.28
Indemnity.....	.....		$14,863.01	$32,918.81	$47,781.82
Medical.....	.....		$12,024.14	$57,361.22	$69,385.36
			$26,997.00	$94,195.46	$121,192.46
# of Claims	6				
# Open	2	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
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		
	07/01/2021 - 06/30/2022				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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241 - RICHARD BLAND COLLEGE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2019 - 06/30/2020				
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**		
	07/01/2018 - 06/30/2019				
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**		
	07/01/2017 - 06/30/2018				
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**		
	07/01/2016 - 06/30/2017				
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**		
	07/01/2015 - 06/30/2016				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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241 - RICHARD BLAND COLLEGE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2013 - 06/30/2014				
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**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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**		
	07/01/2010 - 06/30/2011				
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**		
	07/01/2009 - 06/30/2010				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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241 - RICHARD BLAND COLLEGE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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**		
	07/01/2005 - 06/30/2006				
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**		
	07/01/2004 - 06/30/2005				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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241 - RICHARD BLAND COLLEGE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2000 - 06/30/2001				
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**		
	07/01/1999 - 06/30/2000				
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**		
	07/01/1998 - 06/30/1999				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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241 - RICHARD BLAND COLLEGE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1997 - 06/30/1998				
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**		
	07/01/1996 - 06/30/1997				
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**		
	07/01/1995 - 06/30/1996				
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**		
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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241 - RICHARD BLAND COLLEGE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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**		
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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241 - RICHARD BLAND COLLEGE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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**		

242 - CHRISTOPHER NEWPORT UNIVERSITY

Grand Totals for 242 - CHRISTOPHER NEWPORT UNIVERSITY	Paid to Date	Outstanding	Incurred
Expense.....	$97,919.82	$5,954.39	$103,874.21
Indemnity.....	$1,300,093.62	$0.00	$1,300,093.62
Medical.....	$2,662,105.01	$267,420.88	$2,929,525.89
	$4,060,118.45	$273,375.27	$4,333,493.72
# of Claims 1,408			
# Open 12 **Recovery Amount:**	-$8,282.76		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$277.76	$490.39	$768.15
Indemnity.....	.....		$4,374.19	$0.00	$4,374.19
Medical.....	.....		$58,767.80	$16,488.83	$75,256.63
			$63,419.75	$16,979.22	$80,398.97
# of Claims	91				
# Open	8	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$207.02	$31.18	$238.20
Indemnity.....	.....		$3,037.28	$0.00	$3,037.28
Medical.....	.....		$10,206.28	$997.65	$11,203.93
			$13,450.58	$1,028.83	$14,479.41
# of Claims	47				
# Open	1	Recovery Amount:	-992.85		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$434.17	$0.00	$434.17
Indemnity.....	.....		$184.29	$0.00	$184.29
Medical.....	.....		$19,026.83	$0.00	$19,026.83
			$19,645.29	$0.00	$19,645.29
# of Claims	54				
# Open	0	Recovery Amount:	-1,731.34		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$155.45	$0.00	$155.45
Indemnity.....	.....		$33,415.13	$0.00	$33,415.13
Medical.....	.....		$111,669.46	$18,626.48	$130,295.94
			$145,240.04	$18,626.48	$163,866.52
# of Claims	41				

242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	1	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$1,044.67	$0.00	$1,044.67
Indemnity.....	.....		$3,086.13	$0.00	$3,086.13
Medical.....	.....		$25,281.21	$0.00	$25,281.21
			$29,412.01	$0.00	$29,412.01
# of Claims	22				
# Open	0	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$2,135.90	$5,414.00	$7,549.90
Indemnity.....	.....		$16,906.75	$0.00	$16,906.75
Medical.....	.....		$55,871.16	$0.00	$55,871.16
			$74,913.81	$5,414.00	$80,327.81
# of Claims	40				
# Open	1	Recovery Amount:	-592.13		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		
	07/01/2014 - 06/30/2015				
Expense			**$20,665.45**	**$0.00**	**$20,665.45**
Indemnity			**$124,758.99**	**$0.00**	**$124,758.99**
Medical			**$247,231.19**	**$0.00**	**$247,231.19**
			$392,655.63	**$0.00**	**$392,655.63**
# of Claims	**50**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2013 - 06/30/2014				
Expense			**$19,662.17**	**$0.00**	**$19,662.17**
Indemnity			**$119,375.00**	**$0.00**	**$119,375.00**
Medical			**$39,047.75**	**$0.00**	**$39,047.75**
			$178,084.92	**$0.00**	**$178,084.92**
# of Claims	**36**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
Expense			**$18.82**	**$0.00**	**$18.82**
Indemnity			**$9,954.44**	**$0.00**	**$9,954.44**
Medical			**$33,937.48**	**$0.00**	**$33,937.48**
			$43,910.74	**$0.00**	**$43,910.74**
# of Claims	**41**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
Expense			**$479.85**	**$0.00**	**$479.85**
Indemnity			**$21,670.26**	**$0.00**	**$21,670.26**
Medical			**$98,118.66**	**$0.00**	**$98,118.66**
			$120,268.77	**$0.00**	**$120,268.77**
# of Claims	**51**				
# Open	**0**	**Recovery Amount:**	**0.00**		

242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
Expense			**$18.82**	**$0.00**	**$18.82**
Indemnity			**$1,431.28**	**$0.00**	**$1,431.28**
Medical			**$17,063.40**	**$0.00**	**$17,063.40**
			$18,513.50	**$0.00**	**$18,513.50**
# of Claims	**25**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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**		
	07/01/1999 - 06/30/2000				
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**		
	07/01/1998 - 06/30/1999				
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**		
	07/01/1997 - 06/30/1998				
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**		
	07/01/1996 - 06/30/1997				
Expense			**$1,169.70**	**$18.82**	**$1,188.52**
Indemnity			**$1,152.65**	**$0.00**	**$1,152.65**
Medical			**$841,952.23**	**$231,307.92**	**$1,073,260.15**
			$844,274.58	**$231,326.74**	**$1,075,601.32**
# of Claims	**18**				
# Open	**1**	**Recovery Amount:**	**0.00**		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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**		
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

245 - STATE COUNCIL HIGHER EDUCATION

Grand Totals for 245 - STATE COUNCIL HIGHER EDUCATION	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2017 - 06/30/2018				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

245 - STATE COUNCIL HIGHER EDUCATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2006 - 06/30/2007				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2000 - 06/30/2001				
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		
	07/01/1997 - 06/30/1998				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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245 - STATE COUNCIL HIGHER EDUCATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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**		
	07/01/1988 - 06/30/1989				
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**		

246 - UVA College at Wise

Grand Totals for 246 - UVA College at Wise	Paid to Date	Outstanding	Incurred
Expense.....	$35,853.84	$11,551.99	$47,405.83
Indemnity.....	$443,323.36	$268,194.58	$711,517.94
Medical.....	$707,436.78	$270,515.99	$977,952.77
	$1,186,613.98	$550,262.56	$1,736,876.54

# of Claims	288		
# Open	6	Recovery Amount:	-$945.99

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$56.46	$3,800.00	$3,856.46
Indemnity.....	.....		$1,179.60	$60,749.48	$61,929.08
Medical.....	.....		$26,013.97	$65,886.03	$91,900.00
			$27,250.03	$130,435.51	$157,685.54
# of Claims	6				
# Open	3	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$70.47	$17.17	$87.64
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$7,660.75	$4,238.95	$11,899.70
			$7,731.22	$4,256.12	$11,987.34
# of Claims	6				
# Open	1	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$3,613.33	$2,252.00	$5,865.33
Indemnity.....	.....		$42,109.22	$13,014.82	$55,124.04
Medical.....	.....		$151,544.87	$108,657.48	$260,202.35
			$197,267.42	$123,924.30	$321,191.72
# of Claims	5				
# Open	1	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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246 - UVA College at Wise

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2020 - 06/30/2021				
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**		
	07/01/2019 - 06/30/2020				
Expense			**$19,914.76**	**$5,482.82**	**$25,397.58**
Indemnity			**$154,339.64**	**$194,430.28**	**$348,769.92**
Medical			**$66,589.47**	**$91,733.53**	**$158,323.00**
			$240,843.87	**$291,646.63**	**$532,490.50**
# of Claims	**4**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2018 - 06/30/2019				
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**		
	07/01/2017 - 06/30/2018				
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**		
	07/01/2016 - 06/30/2017				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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246 - UVA College at Wise

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		
	07/01/2014 - 06/30/2015				
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**		
	07/01/2013 - 06/30/2014				
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**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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246 - UVA College at Wise

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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**		
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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246 - UVA College at Wise

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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246 - UVA College at Wise

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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**		
	07/01/1999 - 06/30/2000				
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**		
	07/01/1998 - 06/30/1999				
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**		
	07/01/1997 - 06/30/1998				
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**		
	07/01/1996 - 06/30/1997				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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246 - UVA College at Wise

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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**		
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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246 - UVA College at Wise

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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247 - GEORGE MASON UNIVERSITY

Grand Totals for 247 - GEORGE MASON UNIVERSITY			Paid to Date	Outstanding	Incurred
Expense.....			**$184,712.82**	**$9,892.83**	**$194,605.65**
Indemnity.....			**$4,094,473.11**	**$490,777.73**	**$4,585,250.84**
Medical.....			**$7,124,356.86**	**$473,232.08**	**$7,597,588.94**
			$11,403,542.79	**$973,902.64**	**$12,377,445.43**
# of Claims	**3,599**				
# Open	**17**	**Recovery Amount:**	**-$98,732.22**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		**$524.69**	**$7,841.72**	**$8,366.41**
Indemnity.....	.....		**$17,197.82**	**$66,973.97**	**$84,171.79**
Medical.....	.....		**$36,813.24**	**$166,760.69**	**$203,573.93**
			$54,535.75	**$241,576.38**	**$296,112.13**
# of Claims	**69**				
# Open	**11**	**Recovery Amount:**	**0.00**		
	07/01/2023 - 06/30/2024				
Expense.....	.....		**$3,255.30**	**$42.95**	**$3,298.25**
Indemnity.....	.....		**$56,128.82**	**$19,033.00**	**$75,161.82**
Medical.....	.....		**$133,271.18**	**$39,280.90**	**$172,552.08**
			$192,655.30	**$58,356.85**	**$251,012.15**
# of Claims	**65**				
# Open	**3**	**Recovery Amount:**	**0.00**		
	07/01/2022 - 06/30/2023				
Expense.....	.....		**$1,103.53**	**$24.16**	**$1,127.69**
Indemnity.....	.....		**$23,317.14**	**$0.00**	**$23,317.14**
Medical.....	.....		**$88,088.45**	**$1,845.14**	**$89,933.59**
			$112,509.12	**$1,869.30**	**$114,378.42**
# of Claims	**66**				
# Open	**1**	**Recovery Amount:**	**-500.00**		
	07/01/2021 - 06/30/2022				
Expense.....	.....		**$4,324.17**	**$0.00**	**$4,324.17**
Indemnity.....	.....		**$134,531.52**	**$0.00**	**$134,531.52**
Medical.....	.....		**$112,349.07**	**$0.00**	**$112,349.07**
			$251,204.76	**$0.00**	**$251,204.76**
# of Claims	**77**				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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247 - GEORGE MASON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$11,059.31	$0.00	$11,059.31
Indemnity.....	.....		$140,305.80	$0.00	$140,305.80
Medical.....	.....		$186,918.44	$0.00	$186,918.44
			$338,283.55	$0.00	$338,283.55
# of Claims	37				
# Open	0	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$3,528.38	$0.00	$3,528.38
Indemnity.....	.....		$53,070.40	$0.00	$53,070.40
Medical.....	.....		$261,103.13	$0.00	$261,103.13
			$317,701.91	$0.00	$317,701.91
# of Claims	94				
# Open	0	Recovery Amount:	0.00		
	07/01/2016 - 06/30/2017				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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247 - GEORGE MASON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense	.....		**$13,756.63**	**$1,984.00**	**$15,740.63**
Indemnity	.....		**$207,348.88**	**$0.00**	**$207,348.88**
Medical	.....		**$420,627.85**	**$161,874.65**	**$582,502.50**
			$641,733.36	**$163,858.65**	**$805,592.01**
# of Claims	**95**				
# Open	**1**	**Recovery Amount:**	**-392.71**		
	07/01/2014 - 06/30/2015				
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**		
	07/01/2013 - 06/30/2014				
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**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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247 - GEORGE MASON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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**		
	07/01/2009 - 06/30/2010				
Expense			**$36,895.51**	**$0.00**	**$36,895.51**
Indemnity			**$590,136.92**	**$404,770.76**	**$994,907.68**
Medical			**$876,335.56**	**$103,470.70**	**$979,806.26**
			$1,503,367.99	**$508,241.46**	**$2,011,609.45**
# of Claims	**103**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
Expense			**$387.44**	**$0.00**	**$387.44**
Indemnity			**$75,535.66**	**$0.00**	**$75,535.66**
Medical			**$167,797.09**	**$0.00**	**$167,797.09**
			$243,720.19	**$0.00**	**$243,720.19**
# of Claims	**86**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2006 - 06/30/2007				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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247 - GEORGE MASON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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247 - GEORGE MASON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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**		
	07/01/1999 - 06/30/2000				
Expense			**$1,069.61**	**$0.00**	**$1,069.61**
Indemnity			**$81,745.82**	**$0.00**	**$81,745.82**
Medical			**$254,598.31**	**$0.00**	**$254,598.31**
			$337,413.74	**$0.00**	**$337,413.74**
# of Claims	**120**				
# Open	**0**	**Recovery Amount:**	**-735.00**		
	07/01/1998 - 06/30/1999				
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**		
	07/01/1997 - 06/30/1998				
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**		
	07/01/1996 - 06/30/1997				
Expense			**$3,269.57**	**$0.00**	**$3,269.57**
Indemnity			**$196,684.95**	**$0.00**	**$196,684.95**
Medical			**$822,874.54**	**$0.00**	**$822,874.54**
			$1,022,829.06	**$0.00**	**$1,022,829.06**
# of Claims	**101**				
# Open	**0**	**Recovery Amount:**	**-11,282.59**		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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247 - GEORGE MASON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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**		
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

247 - GEORGE MASON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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247 - GEORGE MASON UNIVERSITY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

261 - VA COMMUNITY COLLEGE SYSTEM

Grand Totals for 261 - VA COMMUNITY COLLEGE SYSTEM	Paid to Date	Outstanding	Incurred
Expense.....	$696,027.09	$99,140.09	$795,167.18
Indemnity.....	$12,074,863.53	$507,668.40	$12,582,531.93
Medical.....	$22,769,474.59	$3,971,140.49	$26,740,615.08
	$35,540,365.21	$4,577,948.98	$40,118,314.19

# of Claims	7,698		
# Open	58	Recovery Amount:	-$463,483.55

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$679.14	$6,056.97	$6,736.11
Indemnity.....	.....		$34,714.20	$41,287.54	$76,001.74
Medical.....	.....		$207,739.69	$266,942.66	$474,682.35
			$243,133.03	$314,287.17	$557,420.20
# of Claims	106				
# Open	16	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$1,029.15	$657.38	$1,686.53
Indemnity.....	.....		$11,488.39	$75,759.86	$87,248.25
Medical.....	.....		$143,541.63	$95,895.78	$239,437.41
			$156,059.17	$172,313.02	$328,372.19
# of Claims	117				
# Open	6	Recovery Amount:	-3,182.53		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$1,167.10	$18.82	$1,185.92
Indemnity.....	.....		$59,090.54	$0.00	$59,090.54
Medical.....	.....		$164,602.88	$35,594.91	$200,197.79
			$224,860.52	$35,613.73	$260,474.25
# of Claims	107				
# Open	1	Recovery Amount:	-176.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$4,517.89	$96.25	$4,614.14
Indemnity.....	.....		$61,903.57	$15,718.87	$77,622.44
Medical.....	.....		$182,485.84	$210,743.97	$393,229.81
			$248,907.30	$226,559.09	$475,466.39
# of Claims	93				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	1	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$6,712.87	$94.82	$6,807.69
Indemnity.....	.....		$21,347.26	$45,480.00	$66,827.26
Medical.....	.....		$122,640.17	$36,963.12	$159,603.29
			$150,700.30	$82,537.94	$233,238.24
# of Claims	77				
# Open	1	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$18,993.68	$3,226.63	$22,220.31
Indemnity.....	.....		$210,122.13	$92,698.63	$302,820.76
Medical.....	.....		$496,531.34	$185,555.71	$682,087.05
			$725,647.15	$281,480.97	$1,007,128.12
# of Claims	115				
# Open	2	Recovery Amount:	-11,971.36		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$1,314.98	$3,837.64	$5,152.62
Indemnity.....	.....		$84,560.87	$51,639.18	$136,200.05
Medical.....	.....		$267,488.71	$59,418.19	$326,906.90
			$353,364.56	$114,895.01	$468,259.57
# of Claims	145				
# Open	2	Recovery Amount:	-19,427.97		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$10,499.59	$4,665.64	$15,165.23
Indemnity.....	.....		$356,130.51	$165,887.50	$522,018.01
Medical.....	.....		$466,649.67	$13,545.80	$480,195.47
			$833,279.77	$184,098.94	$1,017,378.71
# of Claims	199				
# Open	2	Recovery Amount:	0.00		
	07/01/2016 - 06/30/2017				
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		

261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense.....	.....		$21,729.48	$18.82	$21,748.30
Indemnity.....	.....		$148,108.74	$15,710.82	$163,819.56
Medical.....	.....		$188,689.05	$6,836.00	$195,525.05
			$358,527.27	$22,565.64	$381,092.91
# of Claims	186				
# Open	1	Recovery Amount:	-4,885.48		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
Expense.....	.....		$32,156.22	$1,026.92	$33,183.14
Indemnity.....	.....		$138,460.69	$0.00	$138,460.69
Medical.....	.....		$1,234,701.19	$187,381.93	$1,422,083.12
			$1,405,318.10	$188,408.85	$1,593,726.95
# of Claims	241				
# Open	2	Recovery Amount:	-75,107.46		
	07/01/2012 - 06/30/2013				
Expense.....	.....		$123,247.04	$18.82	$123,265.86
Indemnity.....	.....		$1,601,763.19	$0.00	$1,601,763.19
Medical.....	.....		$874,703.63	$56,770.39	$931,474.02
			$2,599,713.86	$56,789.21	$2,656,503.07
# of Claims	208				
# Open	2	Recovery Amount:	-103.96		
	07/01/2011 - 06/30/2012				
Expense.....	.....		$32,734.98	$18.82	$32,753.80
Indemnity.....	.....		$427,478.20	$0.00	$427,478.20
Medical.....	.....		$637,172.85	$7,499.52	$644,672.37
			$1,097,386.03	$7,518.34	$1,104,904.37
# of Claims	242				
# Open	1	Recovery Amount:	-26,431.91		

261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
Expense			**$57,669.20**	**$0.00**	**$57,669.20**
Indemnity			**$525,429.00**	**$0.00**	**$525,429.00**
Medical			**$1,299,507.99**	**$53,243.44**	**$1,352,751.43**
			$1,882,606.19	**$53,243.44**	**$1,935,849.63**
# of Claims	**231**				
# Open	**1**	**Recovery Amount:**	**-3,146.95**		
	07/01/2009 - 06/30/2010				
Expense			**$22,848.01**	**$76.51**	**$22,924.52**
Indemnity			**$753,550.00**	**$0.00**	**$753,550.00**
Medical			**$622,885.82**	**$85,537.49**	**$708,423.31**
			$1,399,283.83	**$85,614.00**	**$1,484,897.83**
# of Claims	**192**				
# Open	**2**	**Recovery Amount:**	**-13,093.34**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
Expense			**$7,102.08**	**$0.00**	**$7,102.08**
Indemnity			**$72,373.24**	**$0.00**	**$72,373.24**
Medical			**$405,828.56**	**$0.00**	**$405,828.56**
			$485,303.88	**$0.00**	**$485,303.88**
# of Claims	**208**				
# Open	**0**	**Recovery Amount:**	**-21,124.12**		

261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense.....	.....		$26,688.85	$0.00	$26,688.85
Indemnity.....	.....		$560,224.64	$0.00	$560,224.64
Medical.....	.....		$438,959.82	$40,044.40	$479,004.22
			$1,025,873.31	$40,044.40	$1,065,917.71
# of Claims	216				
# Open	1	Recovery Amount:	-48,990.78		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$33,588.50	$60.00	$33,648.50
Indemnity.....	.....		$445,692.69	$0.00	$445,692.69
Medical.....	.....		$374,576.33	$109,938.51	$484,514.84
			$853,857.52	$109,998.51	$963,856.03
# of Claims	189				
# Open	1	Recovery Amount:	-12,151.29		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
Expense.....	.....		$8,342.15	$22,574.98	$30,917.13
Indemnity.....	.....		$137,083.74	$0.00	$137,083.74
Medical.....	.....		$639,625.14	$223,916.65	$863,541.79
			$785,051.03	$246,491.63	$1,031,542.66
# of Claims	177				
# Open	3	Recovery Amount:	-87.75		
	07/01/2001 - 06/30/2002				
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		

261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
Expense.....	.....		$15,821.41	$37.64	$15,859.05
Indemnity.....	.....		$565,349.30	$0.00	$565,349.30
Medical.....	.....		$2,368,669.55	$122,233.16	$2,490,902.71
			$2,949,840.26	$122,270.80	$3,072,111.06
# of Claims	205				
# Open	2	Recovery Amount:	-101,592.52		
	07/01/1999 - 06/30/2000				
Expense.....	.....		$30,866.24	$18.82	$30,885.06
Indemnity.....	.....		$192,088.50	$0.00	$192,088.50
Medical.....	.....		$1,156,466.09	$115,548.12	$1,272,014.21
			$1,379,420.83	$115,566.94	$1,494,987.77
# of Claims	212				
# Open	1	Recovery Amount:	-29,228.64		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
Expense.....	.....		$2,818.11	$18.82	$2,836.93
Indemnity.....	.....		$666,469.90	$0.00	$666,469.90
Medical.....	.....		$1,003,849.48	$200,946.96	$1,204,796.44
			$1,673,137.49	$200,965.78	$1,874,103.27
# of Claims	232				
# Open	1	Recovery Amount:	-2,686.41		
	07/01/1996 - 06/30/1997				
Expense.....	.....		$20,310.85	$30,797.39	$51,108.24
Indemnity.....	.....		$721,242.09	$0.00	$721,242.09
Medical.....	.....		$875,870.99	$258,080.53	$1,133,951.52
			$1,617,423.93	$288,877.92	$1,906,301.85
# of Claims	233				
# Open	2	Recovery Amount:	-582.38		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
Expense.....	.....		$2,673.69	$0.00	$2,673.69
Indemnity.....	.....		$124,563.15	$0.00	$124,563.15
Medical.....	.....		$352,729.40	$14,385.12	$367,114.52
			$479,966.24	$14,385.12	$494,351.36
# of Claims	243				
# Open	1	Recovery Amount:	-9,434.59		
	07/01/1993 - 06/30/1994				
Expense.....	.....		$9,295.73	$18.82	$9,314.55
Indemnity.....	.....		$781,992.07	$0.00	$781,992.07
Medical.....	.....		$1,273,911.50	$87,787.93	$1,361,699.43
			$2,065,199.30	$87,806.75	$2,153,006.05
# of Claims	283				
# Open	1	Recovery Amount:	-816.49		
	07/01/1992 - 06/30/1993				
Expense.....	.....		$39,179.53	$11,848.82	$51,028.35
Indemnity.....	.....		$440,713.19	$0.00	$440,713.19
Medical.....	.....		$1,718,341.72	$1,422,831.06	$3,141,172.78
			$2,198,234.44	$1,434,679.88	$3,632,914.32
# of Claims	293				
# Open	2	Recovery Amount:	-1,594.53		
	07/01/1991 - 06/30/1992				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
Expense.....	.....		$27,067.45	$13,950.76	$41,018.21
Indemnity.....	.....		$487,284.97	$0.00	$487,284.97
Medical.....	.....		$780,846.31	$46,572.91	$827,419.22
			$1,295,198.73	$60,523.67	$1,355,722.40
# of Claims	235				
# Open	1	Recovery Amount:	-1,319.30		
	07/01/1988 - 06/30/1989				
Expense.....	.....		$5,908.66	$0.00	$5,908.66
Indemnity.....	.....		$106,566.84	$0.00	$106,566.84
Medical.....	.....		$213,666.89	$23,213.74	$236,880.63
			$326,142.39	$23,213.74	$349,356.13
# of Claims	210				
# Open	1	Recovery Amount:	-5,718.02		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

262 - Dept of Aging and Rehab Service

Grand Totals for 262 - Dept of Aging and Rehab Service	Paid to Date	Outstanding	Incurred
Expense.....	$157,801.71	$8,293.07	$166,094.78
Indemnity.....	$4,335,996.28	$83,917.29	$4,419,913.57
Medical.....	$7,242,761.78	$1,960,157.46	$9,202,919.24
	$11,736,559.77	$2,052,367.82	$13,788,927.59

# of Claims	2,418		
# Open	16	Recovery Amount:	-$175,193.23

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$304.86	$248.00	$552.86
Indemnity.....	.....		$0.00	$5,000.00	$5,000.00
Medical.....	.....		$4,971.10	$8,877.45	$13,848.55
			$5,275.96	$14,125.45	$19,401.41
# of Claims	20				
# Open	5	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$2,565.66	$22.13	$2,587.79
Indemnity.....	.....		$36,168.76	$0.00	$36,168.76
Medical.....	.....		$46,863.65	$1,098.13	$47,961.78
			$85,598.07	$1,120.26	$86,718.33
# of Claims	17				
# Open	1	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$194.74	$294.24	$488.98
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$16,977.19	$112,773.20	$129,750.39
			$17,171.93	$113,067.44	$130,239.37
# of Claims	10				
# Open	1	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
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				

262 - Dept of Aging and Rehab Service

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$2,105.57	$3,197.45	$5,303.02
Indemnity.....	.....		$153,680.43	$78,917.29	$232,597.72
Medical.....	.....		$306,312.50	$514,838.64	$821,151.14
			$462,098.50	$596,953.38	$1,059,051.88
# of Claims	31				
# Open	3	Recovery Amount:	-12,063.20		
	07/01/2016 - 06/30/2017				
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		

262 - Dept of Aging and Rehab Service

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		
	07/01/2014 - 06/30/2015				
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**		
	07/01/2013 - 06/30/2014				
Expense			**$15,738.28**	**$0.00**	**$15,738.28**
Indemnity			**$482,747.12**	**$0.00**	**$482,747.12**
Medical			**$569,652.81**	**$0.00**	**$569,652.81**
			$1,068,138.21	**$0.00**	**$1,068,138.21**
# of Claims	**50**				
# Open	**0**	**Recovery Amount:**	**-5,472.23**		
	07/01/2012 - 06/30/2013				
Expense			**$3,707.63**	**$2,430.64**	**$6,138.27**
Indemnity			**$13,233.92**	**$0.00**	**$13,233.92**
Medical			**$74,695.69**	**$11,420.17**	**$86,115.86**
			$91,637.24	**$13,850.81**	**$105,488.05**
# of Claims	**49**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2011 - 06/30/2012				
Expense			**$3,009.11**	**$0.00**	**$3,009.11**
Indemnity			**$2,039.33**	**$0.00**	**$2,039.33**
Medical			**$152,454.63**	**$0.00**	**$152,454.63**
			$157,503.07	**$0.00**	**$157,503.07**
# of Claims	**36**				
# Open	**0**	**Recovery Amount:**	**-1,280.59**		

262 - Dept of Aging and Rehab Service

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		

262 - Dept of Aging and Rehab Service

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense.....	.....		$2,122.22	$0.00	$2,122.22
Indemnity.....	.....		$56,695.29	$0.00	$56,695.29
Medical.....	.....		$213,741.30	$0.00	$213,741.30
			$272,558.81	$0.00	$272,558.81
# of Claims	59				
# Open	0	Recovery Amount:	-4,583.33		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$16,960.77	$0.00	$16,960.77
Indemnity.....	.....		$422,865.52	$0.00	$422,865.52
Medical.....	.....		$1,043,790.10	$204,437.25	$1,248,227.35
			$1,483,616.39	$204,437.25	$1,688,053.64
# of Claims	75				
# Open	1	Recovery Amount:	-10,355.29		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
Expense.....	.....		$8,000.43	$1,931.92	$9,932.35
Indemnity.....	.....		$114,940.67	$0.00	$114,940.67
Medical.....	.....		$56,715.33	$24,149.03	$80,864.36
			$179,656.43	$26,080.95	$205,737.38
# of Claims	68				
# Open	1	Recovery Amount:	-83.00		
	07/01/2001 - 06/30/2002				
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		

262 - Dept of Aging and Rehab Service

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
Expense.....	.....		$2,473.96	$131.05	$2,605.01
Indemnity.....	.....		$67,677.00	$0.00	$67,677.00
Medical.....	.....		$223,718.23	$429,261.73	$652,979.96
			$293,869.19	$429,392.78	$723,261.97
# of Claims	81				
# Open	1	Recovery Amount:	-709.67		
	07/01/1997 - 06/30/1998				
Expense.....	.....		$404.80	$18.82	$423.62
Indemnity.....	.....		$143,126.94	$0.00	$143,126.94
Medical.....	.....		$335,551.71	$121,734.50	$457,286.21
			$479,083.45	$121,753.32	$600,836.77
# of Claims	94				
# Open	1	Recovery Amount:	0.00		
	07/01/1996 - 06/30/1997				
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		

262 - Dept of Aging and Rehab Service

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
Expense.....	.....		$6,524.27	$0.00	$6,524.27
Indemnity.....	.....		$17,609.58	$0.00	$17,609.58
Medical.....	.....		$202,863.76	$0.00	$202,863.76
			$226,997.61	$0.00	$226,997.61
# of Claims	89				
# Open	0	Recovery Amount:	0.00		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

262 - Dept of Aging and Rehab Service

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
Expense.....	.....		$4,941.52	$18.82	$4,960.34
Indemnity.....	.....		$206,404.56	$0.00	$206,404.56
Medical.....	.....		$878,458.93	$531,567.36	$1,410,026.29
			$1,089,805.01	$531,586.18	$1,621,391.19
# of Claims	108				
# Open	1	Recovery Amount:	0.00		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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262 - Dept of Aging and Rehab Service

Policy	Policy Period	Paid to Date	Outstanding	Incurred

263 - VA REHAB CENTER FOR THE BLIND

Grand Totals for 263 - VA REHAB CENTER FOR THE BLIND	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period	Paid to Date	Outstanding	Incurred
	07/01/2016 - 06/30/2017			
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		
	07/01/2015 - 06/30/2016			
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		
	07/01/2014 - 06/30/2015			
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		
	07/01/2013 - 06/30/2014			
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			

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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263 - VA REHAB CENTER FOR THE BLIND

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**-425.40**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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**		
	07/01/2010 - 06/30/2011				
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**		
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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263 - VA REHAB CENTER FOR THE BLIND

Policy	Policy Period	Paid to Date	Outstanding	Incurred

268 - MARINE SCIENCE, VA INST. OF

Grand Totals for 268 - MARINE SCIENCE, VA INST. OF	Paid to Date	Outstanding	Incurred
Expense.....	$19,539.71	$6,490.64	$26,030.35
Indemnity.....	$473,429.19	$41,828.60	$515,257.79
Medical.....	$2,117,446.80	$63,431.40	$2,180,878.20
	$2,610,415.70	$111,750.64	$2,722,166.34

# of Claims 1,105
 # Open 5 **Recovery Amount:** -$1,516.58

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$50.00	$50.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,977.65	$1,200.00	$3,177.65
			$1,977.65	$1,250.00	$3,227.65
# of Claims	9				
# Open	1	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$2,409.64	$6,403.00	$8,812.64
Indemnity.....	.....		$27,271.99	$41,828.60	$69,100.59
Medical.....	.....		$72,402.35	$37,256.64	$109,658.99
			$102,083.98	$85,488.24	$187,572.22
# of Claims	7				
# Open	2	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$72.92	$0.00	$72.92
Indemnity.....	.....		$33,979.27	$0.00	$33,979.27
Medical.....	.....		$110,059.56	$0.00	$110,059.56
			$144,111.75	$0.00	$144,111.75
# of Claims	15				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$8.00	$0.00	$8.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$6,077.82	$0.00	$6,077.82
			$6,085.82	$0.00	$6,085.82
# of Claims	12				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

268 - MARINE SCIENCE, VA INST. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$48.00	$18.82	$66.82
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$17,492.93	$15,335.13	$32,828.06
			$17,540.93	$15,353.95	$32,894.88
# of Claims	13				
# Open	1	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
Expense.....	.....		$24.00	$0.00	$24.00
Indemnity.....	.....		$17,350.72	$0.00	$17,350.72
Medical.....	.....		$89,821.47	$0.00	$89,821.47
			$107,196.19	$0.00	$107,196.19
# of Claims	22				
# Open	0	Recovery Amount:	0.00		

268 - MARINE SCIENCE, VA INST. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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268 - MARINE SCIENCE, VA INST. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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**		
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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**		

268 - MARINE SCIENCE, VA INST. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

268 - MARINE SCIENCE, VA INST. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
Expense.....	.....		$305.84	$18.82	$324.66
Indemnity.....	.....		$35,973.27	$0.00	$35,973.27
Medical.....	.....		$212,749.69	$9,639.63	$222,389.32
			$249,028.80	$9,658.45	$258,687.25
# of Claims	99				
# Open	1	Recovery Amount:	0.00		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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268 - MARINE SCIENCE, VA INST. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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**		
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		

301 - AGRIC & CONSUMER SERVS, DEPT. OF

Grand Totals for 301 - AGRIC & CONSUMER SERVS, DEPT. OF	Paid to Date	Outstanding	Incurred
Expense.....	$84,810.23	$6,018.82	$90,829.05
Indemnity.....	$2,559,768.19	$111,341.48	$2,671,109.67
Medical.....	$3,780,749.25	$152,579.80	$3,933,329.05
	$6,425,327.67	$269,940.10	$6,695,267.77

# of Claims 1,277
 # Open 9 **Recovery Amount:** -$149,096.58

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$141.37	$3,000.00	$3,141.37
Indemnity.....	.....		$12,460.86	$22,637.52	$35,098.38
Medical.....	.....		$30,798.94	$33,292.32	$64,091.26
			$43,401.17	$58,929.84	$102,331.01
# of Claims	57				
# Open	4	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$131.74	$2,800.00	$2,931.74
Indemnity.....	.....		$27,239.17	$37,025.43	$64,264.60
Medical.....	.....		$28,657.65	$27,667.96	$56,325.61
			$56,028.56	$67,493.39	$123,521.95
# of Claims	43				
# Open	2	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$3,181.68	$200.00	$3,381.68
Indemnity.....	.....		$45,628.14	$51,678.53	$97,306.67
Medical.....	.....		$90,073.06	$56,527.56	$146,600.62
			$138,882.88	$108,406.09	$247,288.97
# of Claims	41				
# Open	1	Recovery Amount:	-17,739.65		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$11,870.10	$0.00	$11,870.10
Indemnity.....	.....		$55,228.63	$0.00	$55,228.63
Medical.....	.....		$78,997.18	$0.00	$78,997.18
			$146,095.91	$0.00	$146,095.91
# of Claims	36				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	-1,115.34		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$160.60	$0.00	$160.60
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$16,608.38	$0.00	$16,608.38
			$16,768.98	$0.00	$16,768.98
# of Claims	37				
# Open	0	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$258.74	$18.82	$277.56
Indemnity.....	.....		$13,433.67	$0.00	$13,433.67
Medical.....	.....		$125,134.54	$35,091.96	$160,226.50
			$138,826.95	$35,110.78	$173,937.73
# of Claims	28				
# Open	1	Recovery Amount:	-11,990.35		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$32.00	$0.00	$32.00
Indemnity.....	.....		$13,039.79	$0.00	$13,039.79
Medical.....	.....		$34,482.80	$0.00	$34,482.80
			$47,554.59	$0.00	$47,554.59
# of Claims	24				
# Open	0	Recovery Amount:	-456.76		
	07/01/2016 - 06/30/2017				
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		

301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		
	07/01/2014 - 06/30/2015				
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**		
	07/01/2013 - 06/30/2014				
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**		
	07/01/2012 - 06/30/2013				
Expense			**$962.71**	**$0.00**	**$962.71**
Indemnity			**$44,731.17**	**$0.00**	**$44,731.17**
Medical			**$884,214.97**	**$0.00**	**$884,214.97**
			$929,908.85	**$0.00**	**$929,908.85**
# of Claims	**25**				
# Open	**0**	**Recovery Amount:**	**-25,280.22**		
	07/01/2011 - 06/30/2012				
Expense			**$8.48**	**$0.00**	**$8.48**
Indemnity			**$2,729.62**	**$0.00**	**$2,729.62**
Medical			**$10,828.55**	**$0.00**	**$10,828.55**
			$13,566.65	**$0.00**	**$13,566.65**
# of Claims	**12**				
# Open	**0**	**Recovery Amount:**	**0.00**		

301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		

301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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**		

301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		

301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		

301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

305 - STATE MILK COMMISSION

Grand Totals for 305 - STATE MILK COMMISSION	Paid to Date	Outstanding	Incurred
Expense.....	$0.00	$0.00	$0.00
Indemnity.....	$0.00	$0.00	$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
	07/01/1997 - 06/30/1998				
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		
	07/01/1994 - 06/30/1995				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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327 - Dept of Workforce Dev and Advancem

Grand Totals for 327 - Dept of Workforce Dev and Advancem	Paid to Date	Outstanding	Incurred
Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$1,252.50**	**$0.00**	**$1,252.50**
	$1,252.50	**$0.00**	**$1,252.50**

# of Claims **7**

 # Open **0** **Recovery Amount:** **$0.00**

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$1,252.50**	**$0.00**	**$1,252.50**
			$1,252.50	**$0.00**	**$1,252.50**
# of Claims	**7**				
# Open	**0**	**Recovery Amount:**	**0.00**		

330 - VA ISRAEL ADVISORY BOARD

Grand Totals for 330 - VA ISRAEL ADVISORY BOARD	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2013 - 06/30/2014				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

350 - Dept of Small Bus. & Supplier Div.

Grand Totals for 350 - Dept of Small Bus. & Supplier Div.	Paid to Date	Outstanding	Incurred
Expense.....	$7,877.52	$0.00	$7,877.52
Indemnity.....	$203,142.63	$0.00	$203,142.63
Medical.....	$174,636.75	$0.00	$174,636.75
	$385,656.90	$0.00	$385,656.90

# of Claims	49		
# Open	0	Recovery Amount:	-$10,874.20

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$35.69	$0.00	$35.69
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$35.69	$0.00	$35.69
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$845.37	$0.00	$845.37
			$845.37	$0.00	$845.37
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

350 - Dept of Small Bus. & Supplier Div.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2010 - 06/30/2011				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

350 - Dept of Small Bus. & Supplier Div.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		

350 - Dept of Small Bus. & Supplier Div.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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**		
	07/01/1999 - 06/30/2000				
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**		
	07/01/1998 - 06/30/1999				
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**		

350 - Dept of Small Bus. & Supplier Div.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1997 - 06/30/1998				
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		
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1987 - 06/30/1988				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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350 - Dept of Small Bus. & Supplier Div.

Policy	Policy Period	Paid to Date	Outstanding	Incurred

402 - MARINE RESOURCES COMMISSION

Grand Totals for 402 - MARINE RESOURCES COMMISSION	Paid to Date	Outstanding	Incurred
Expense.....	$85,240.00	$88,540.51	$173,780.51
Indemnity.....	$2,539,741.78	$18,000.00	$2,557,741.78
Medical.....	$2,711,020.60	$428,396.18	$3,139,416.78
	$5,336,002.38	$534,936.69	$5,870,939.07

# of Claims 555
 # Open 9 **Recovery Amount:** -$46,926.37

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$18.82	$287.64	$306.46
Indemnity.....	.....		$0.00	$5,000.00	$5,000.00
Medical.....	.....		$14,098.45	$24,361.84	$38,460.29
			$14,117.27	$29,649.48	$43,766.75
# of Claims	11				
# Open	4	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$45.69	$0.00	$45.69
Indemnity.....	.....		$520.12	$0.00	$520.12
Medical.....	.....		$2,866.48	$0.00	$2,866.48
			$3,432.29	$0.00	$3,432.29
# of Claims	7				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$50.60	$0.00	$50.60
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$2,785.61	$0.00	$2,785.61
			$2,836.21	$0.00	$2,836.21
# of Claims	6				
# Open	0	Recovery Amount:	-2,785.61		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$18.82	$0.00	$18.82
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$11,057.47	$0.00	$11,057.47
			$11,076.29	$0.00	$11,076.29
# of Claims	9				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

402 - MARINE RESOURCES COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$66.67	$100.00	$166.67
Indemnity.....	.....		$0.00	$13,000.00	$13,000.00
Medical.....	.....		$2,992.49	$30,000.00	$32,992.49
			$3,059.16	$43,100.00	$46,159.16
# of Claims	6				
# Open	1	Recovery Amount:	0.00		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		

402 - MARINE RESOURCES COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
Expense.....	.....		$34,726.68	$18,515.18	$53,241.86
Indemnity.....	.....		$612,665.49	$0.00	$612,665.49
Medical.....	.....		$270,767.63	$216,697.43	$487,465.06
			$918,159.80	$235,212.61	$1,153,372.41
# of Claims	14				
# Open	1	Recovery Amount:	0.00		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
Expense.....	.....		$15,804.09	$0.00	$15,804.09
Indemnity.....	.....		$237,004.74	$0.00	$237,004.74
Medical.....	.....		$443,476.36	$8,050.01	$451,526.37
			$696,285.19	$8,050.01	$704,335.20
# of Claims	12				
# Open	1	Recovery Amount:	-2,363.17		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

402 - MARINE RESOURCES COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
Expense.....	.....		$48.00	$18.82	$66.82
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$31,689.47	$15,490.07	$47,179.54
			$31,737.47	$15,508.89	$47,246.36
# of Claims	12				
# Open	1	Recovery Amount:	-173.42		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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	0	Recovery Amount:	-45.00		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		

402 - MARINE RESOURCES COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
Expense.....	.....		$15,709.31	$69,618.87	$85,328.18
Indemnity.....	.....		$168,908.90	$0.00	$168,908.90
Medical.....	.....		$331,238.15	$133,796.83	$465,034.98
			$515,856.36	$203,415.70	$719,272.06
# of Claims	19				
# Open	1	Recovery Amount:	0.00		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

402 - MARINE RESOURCES COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
Expense.....	.....		$62.03	$0.00	$62.03
Indemnity.....	.....		$326,740.53	$0.00	$326,740.53
Medical.....	.....		$132,443.44	$0.00	$132,443.44
			$459,246.00	$0.00	$459,246.00
# of Claims	19				
# Open	0	Recovery Amount:	-4,433.92		

402 - MARINE RESOURCES COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		

402 - MARINE RESOURCES COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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402 - MARINE RESOURCES COMMISSION

Policy	Policy Period	Paid to Date	Outstanding	Incurred

403 - Department of Wildlife Resources

Grand Totals for 403 - Department of Wildlife Resources	Paid to Date	Outstanding	Incurred
Expense.....	$166,673.59	$75,910.52	$242,584.11
Indemnity.....	$4,314,743.33	$687,618.32	$5,002,361.65
Medical.....	$8,167,315.03	$1,695,219.40	$9,862,534.43
	$12,648,731.95	$2,458,748.24	$15,107,480.19

# of Claims	2,098		
# Open	35	Recovery Amount:	-$211,791.26

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$222.99	$300.00	$522.99
Indemnity.....	.....		$3,702.84	$13,000.00	$16,702.84
Medical.....	.....		$17,502.88	$26,742.25	$44,245.13
			$21,428.71	$40,042.25	$61,470.96
# of Claims	38				
# Open	7	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$416.05	$212.54	$628.59
Indemnity.....	.....		$4,106.71	$14,033.19	$18,139.90
Medical.....	.....		$60,805.18	$69,721.87	$130,527.05
			$65,327.94	$83,967.60	$149,295.54
# of Claims	60				
# Open	4	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$287.61	$0.00	$287.61
Indemnity.....	.....		$24,422.84	$0.00	$24,422.84
Medical.....	.....		$58,318.51	$0.00	$58,318.51
			$83,028.96	$0.00	$83,028.96
# of Claims	55				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$259.28	$0.00	$259.28
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$19,628.68	$0.00	$19,628.68
			$19,887.96	$0.00	$19,887.96
# of Claims	62				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

403 - Department of Wildlife Resources

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	-1,550.35		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$4,155.75	$0.00	$4,155.75
Indemnity.....	.....		$22,304.77	$0.00	$22,304.77
Medical.....	.....		$86,543.19	$74,133.02	$160,676.21
			$113,003.71	$74,133.02	$187,136.73
# of Claims	54				
# Open	2	Recovery Amount:	-4,782.94		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$27,140.18	$26,196.34	$53,336.52
Indemnity.....	.....		$618,834.51	$449,956.65	$1,068,791.16
Medical.....	.....		$269,117.12	$145,513.91	$414,631.03
			$915,091.81	$621,666.90	$1,536,758.71
# of Claims	60				
# Open	2	Recovery Amount:	-14,857.67		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$3,468.11	$3,372.00	$6,840.11
Indemnity.....	.....		$402,702.57	$186,634.13	$589,336.70
Medical.....	.....		$267,158.70	$126,607.79	$393,766.49
			$673,329.38	$316,613.92	$989,943.30
# of Claims	64				
# Open	3	Recovery Amount:	-5,713.35		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$4,209.95	$10,590.56	$14,800.51
Indemnity.....	.....		$27,087.21	$0.00	$27,087.21
Medical.....	.....		$86,527.14	$34,702.80	$121,229.94
			$117,824.30	$45,293.36	$163,117.66
# of Claims	61				
# Open	1	Recovery Amount:	0.00		
	07/01/2016 - 06/30/2017				
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		

403 - Department of Wildlife Resources

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense.....	.....		$13,105.07	$18.82	$13,123.89
Indemnity.....	.....		$126,266.07	$8,478.18	$134,744.25
Medical.....	.....		$61,597.43	$104.60	$61,702.03
			$200,968.57	$8,601.60	$209,570.17
# of Claims	29				
# Open	1	Recovery Amount:	0.00		
	07/01/2014 - 06/30/2015				
Expense.....	.....		$3,801.21	$0.00	$3,801.21
Indemnity.....	.....		$109,580.18	$0.00	$109,580.18
Medical.....	.....		$433,730.52	$0.00	$433,730.52
			$547,111.91	$0.00	$547,111.91
# of Claims	44				
# Open	0	Recovery Amount:	0.00		
	07/01/2013 - 06/30/2014				
Expense.....	.....		$7,680.64	$18.82	$7,699.46
Indemnity.....	.....		$120,425.36	$0.00	$120,425.36
Medical.....	.....		$288,691.14	$49,864.36	$338,555.50
			$416,797.14	$49,883.18	$466,680.32
# of Claims	37				
# Open	1	Recovery Amount:	-974.81		
	07/01/2012 - 06/30/2013				
Expense.....	.....		$3,746.40	$0.00	$3,746.40
Indemnity.....	.....		$109,111.41	$0.00	$109,111.41
Medical.....	.....		$251,093.11	$0.00	$251,093.11
			$363,950.92	$0.00	$363,950.92
# of Claims	42				
# Open	0	Recovery Amount:	-70,126.66		
	07/01/2011 - 06/30/2012				
Expense.....	.....		$101.24	$2,700.00	$2,801.24
Indemnity.....	.....		$141,470.28	$15,516.17	$156,986.45
Medical.....	.....		$245,785.87	$43,588.32	$289,374.19
			$387,357.39	$61,804.49	$449,161.88
# of Claims	45				
# Open	1	Recovery Amount:	-94.51		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

403 - Department of Wildlife Resources

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
Expense.....	.....		$7,814.22	$13,981.82	$21,796.04
Indemnity.....	.....		$21,965.71	$0.00	$21,965.71
Medical.....	.....		$302,657.10	$4,047.86	$306,704.96
			$332,437.03	$18,029.68	$350,466.71
# of Claims	40				
# Open	1	Recovery Amount:	-836.42		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

403 - Department of Wildlife Resources

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense.....	.....		$30.96	$18.82	$49.78
Indemnity.....	.....		$10,080.68	$0.00	$10,080.68
Medical.....	.....		$397,515.81	$140,886.77	$538,402.58
			$407,627.45	$140,905.59	$548,533.04
# of Claims	53				
# Open	1	Recovery Amount:	-3,317.84		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$40,451.74	$75.31	$40,527.05
Indemnity.....	.....		$598,075.91	$0.00	$598,075.91
Medical.....	.....		$1,354,635.66	$408,297.23	$1,762,932.89
			$1,993,163.31	$408,372.54	$2,401,535.85
# of Claims	62				
# Open	4	Recovery Amount:	0.00		
	07/01/2003 - 06/30/2004				
Expense.....	.....		$6,007.52	$0.00	$6,007.52
Indemnity.....	.....		$216,261.69	$0.00	$216,261.69
Medical.....	.....		$629,729.11	$58,687.96	$688,417.07
			$851,998.32	$58,687.96	$910,686.28
# of Claims	41				
# Open	1	Recovery Amount:	-206.50		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
Expense.....	.....		$5,700.00	$0.00	$5,700.00
Indemnity.....	.....		$255,167.15	$0.00	$255,167.15
Medical.....	.....		$608,688.27	$264,943.54	$873,631.81
			$869,555.42	$264,943.54	$1,134,498.96
# of Claims	65				
# Open	2	Recovery Amount:	-2,026.72		

403 - Department of Wildlife Resources

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
Expense.....	.....		$1,776.45	$18.82	$1,795.27
Indemnity.....	.....		$87,068.60	$0.00	$87,068.60
Medical.....	.....		$106,301.49	$3,716.34	$110,017.83
			$195,146.54	$3,735.16	$198,881.70
# of Claims	72				
# Open	1	Recovery Amount:	-6,414.13		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
Expense.....	.....		$3,812.12	$18,054.00	$21,866.12
Indemnity.....	.....		$30,037.43	$0.00	$30,037.43
Medical.....	.....		$116,784.66	$10,410.99	$127,195.65
			$150,634.21	$28,464.99	$179,099.20
# of Claims	62				
# Open	1	Recovery Amount:	-253.48		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

403 - Department of Wildlife Resources

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
Expense.....	.....		$7,556.95	$18.82	$7,575.77
Indemnity.....	.....		$261,640.89	$0.00	$261,640.89
Medical.....	.....		$680,863.39	$226,065.09	$906,928.48
			$950,061.23	$226,083.91	$1,176,145.14
# of Claims	62				
# Open	1	Recovery Amount:	-282.90		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
Expense.....	.....		$53.94	$333.85	$387.79
Indemnity.....	.....		$27,991.24	$0.00	$27,991.24
Medical.....	.....		$53,540.56	$7,184.70	$60,725.26
			$81,585.74	$7,518.55	$89,104.29
# of Claims	48				
# Open	1	Recovery Amount:	-179.43		
	07/01/1991 - 06/30/1992				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

403 - Department of Wildlife Resources

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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403 - Department of Wildlife Resources

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

405 - VIRGINIA RACING COMMISSION

Grand Totals for 405 - VIRGINIA RACING COMMISSION	Paid to Date	Outstanding	Incurred
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	9		
# Open	0	Recovery Amount:	$0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2023 - 06/30/2024				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2016 - 06/30/2017				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2011 - 06/30/2012				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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405 - VIRGINIA RACING COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2006 - 06/30/2007				
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**		
	07/01/2001 - 06/30/2002				
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**		
	07/01/1999 - 06/30/2000				
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**		
	07/01/1997 - 06/30/1998				
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**		

407 - VIRGINIA PORT AUTHORITY

Grand Totals for 407 - VIRGINIA PORT AUTHORITY	Paid to Date	Outstanding	Incurred
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	Policy Period	Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001			
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		
	07/01/1996 - 06/30/1997			
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		
	07/01/1995 - 06/30/1996			
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		
	07/01/1994 - 06/30/1995			
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			

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

407 - VIRGINIA PORT AUTHORITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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407 - VIRGINIA PORT AUTHORITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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408 - CHESAPEAKE BAY LOCAL ASST.

Grand Totals for 408 - CHESAPEAKE BAY LOCAL ASST.	Paid to Date	Outstanding	Incurred
Expense.....	$0.00	$0.00	$0.00
Indemnity.....	$0.00	$0.00	$0.00
Medical.....	$0.00	$0.00	$0.00
	$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2003 - 06/30/2004				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

409 - Virginia Department of Energy

Grand Totals for 409 - Virginia Department of Energy	Paid to Date	Outstanding	Incurred
Expense.....	$60,867.81	$3,493.39	$64,361.20
Indemnity.....	$2,487,946.56	$0.00	$2,487,946.56
Medical.....	$1,303,769.89	$2,315.20	$1,306,085.09
	$3,852,584.26	$5,808.59	$3,858,392.85

# of Claims	359		
# Open	2	Recovery Amount:	-$64,979.14

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$216.46	$0.00	$216.46
			$216.46	$0.00	$216.46
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$38.82	$0.00	$38.82
Indemnity.....	.....		$18,204.16	$0.00	$18,204.16
Medical.....	.....		$23,441.31	$0.00	$23,441.31
			$41,684.29	$0.00	$41,684.29
# of Claims	7				
# Open	1	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$18.82	$0.00	$18.82
Indemnity.....	.....		$5,000.00	$0.00	$5,000.00
Medical.....	.....		$0.00	$0.00	$0.00
			$5,018.82	$0.00	$5,018.82
# of Claims	3				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

409 - Virginia Department of Energy

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

409 - Virginia Department of Energy

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
Expense.....	.....		$544.64	$0.00	$544.64
Indemnity.....	.....		$15,476.55	$0.00	$15,476.55
Medical.....	.....		$83,274.28	$0.00	$83,274.28
			$99,295.47	$0.00	$99,295.47
# of Claims	2				
# Open	0	Recovery Amount:	0.00		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

409 - Virginia Department of Energy

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

409 - Virginia Department of Energy

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

409 - Virginia Department of Energy

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

409 - Virginia Department of Energy

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

409 - Virginia Department of Energy

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
Expense.....	.....		$6,435.45	$3,493.39	$9,928.84
Indemnity.....	.....		$172,098.28	$0.00	$172,098.28
Medical.....	.....		$125,547.62	$2,315.20	$127,862.82
			$304,081.35	$5,808.59	$309,889.94
# of Claims	14				
# Open	1	Recovery Amount:	0.00		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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409 - Virginia Department of Energy

Policy	Policy Period	Paid to Date	Outstanding	Incurred

411 - FORESTRY, DEPARTMENT OF

Grand Totals for 411 - FORESTRY, DEPARTMENT OF	Paid to Date	Outstanding	Incurred
Expense.....	$56,387.18	$32,488.82	$88,876.00
Indemnity.....	$1,433,762.03	$600,062.69	$2,033,824.72
Medical.....	$4,905,615.86	$1,078,841.39	$5,984,457.25
	$6,395,765.07	$1,711,392.90	$8,107,157.97
# of Claims 4,972			
# Open 14	Recovery Amount: -$100,937.64		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$99.58	$131.18	$230.76
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$7,296.14	$3,600.00	$10,896.14
			$7,395.72	$3,731.18	$11,126.90
# of Claims	16				
# Open	3	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$175.24	$12,076.00	$12,251.24
Indemnity.....	.....		$0.00	$57,200.00	$57,200.00
Medical.....	.....		$17,023.76	$33,767.40	$50,791.16
			$17,199.00	$103,043.40	$120,242.40
# of Claims	30				
# Open	3	Recovery Amount:	-295.23		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$115.64	$15,481.18	$15,596.82
Indemnity.....	.....		$200,153.01	$285,467.83	$485,620.84
Medical.....	.....		$131,857.75	$184,605.70	$316,463.45
			$332,126.40	$485,554.71	$817,681.11
# of Claims	14				
# Open	3	Recovery Amount:	-33,280.07		
	07/01/2021 - 06/30/2022				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$3,093.90	$0.00	$3,093.90
Indemnity.....	.....		$44,445.81	$0.00	$44,445.81
Medical.....	.....		$1,234,488.25	$0.00	$1,234,488.25
			$1,282,027.96	$0.00	$1,282,027.96
# of Claims	23				
# Open	0	Recovery Amount:	0.00		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
Expense.....	.....		$13,675.61	$4,762.82	$18,438.43
Indemnity.....	.....		$242,354.36	$257,394.86	$499,749.22
Medical.....	.....		$185,640.25	$7,221.68	$192,861.93
			$441,670.22	$269,379.36	$711,049.58
# of Claims	37				
# Open	1	Recovery Amount:	-16,494.40		

411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		
	07/01/2014 - 06/30/2015				
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**		
	07/01/2013 - 06/30/2014				
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**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
Expense.....	.....		$124.23	$18.82	$143.05
Indemnity.....	.....		$3,314.11	$0.00	$3,314.11
Medical.....	.....		$71,331.53	$47,296.33	$118,627.86
			$74,769.87	$47,315.15	$122,085.02
# of Claims	95				
# Open	1	Recovery Amount:	0.00		
	07/01/2009 - 06/30/2010				
Expense.....	.....		$4,276.89	$18.82	$4,295.71
Indemnity.....	.....		$24,028.66	$0.00	$24,028.66
Medical.....	.....		$625,942.74	$748,843.69	$1,374,786.43
			$654,248.29	$748,862.51	$1,403,110.80
# of Claims	115				
# Open	1	Recovery Amount:	-16,471.30		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
Expense.....	.....		$3,613.60	$0.00	$3,613.60
Indemnity.....	.....		$8,536.27	$0.00	$8,536.27
Medical.....	.....		$206,495.17	$33,873.46	$240,368.63
			$218,645.04	$33,873.46	$252,518.50
# of Claims	98				
# Open	1	Recovery Amount:	0.00		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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	0	Recovery Amount:	-3,794.28		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$20,914.21	$0.00	$20,914.21
Indemnity.....	.....		$257,760.96	$0.00	$257,760.96
Medical.....	.....		$347,553.23	$19,633.13	$367,186.36
			$626,228.40	$19,633.13	$645,861.53
# of Claims	120				
# Open	1	Recovery Amount:	-481.74		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period	Paid to Date	Outstanding	Incurred

412 - ECONOMIC DEVELOPMENT, DEPT OF

Grand Totals for 412 - ECONOMIC DEVELOPMENT, DEPT OF	Paid to Date	Outstanding	Incurred
Expense.....	$0.00	$0.00	$0.00
Indemnity.....	$0.00	$0.00	$0.00
Medical.....	$0.00	$0.00	$0.00
	$0.00	$0.00	$0.00

# of Claims 1

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2002 - 06/30/2003				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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413 - COMMISSION ON VASAP

Grand Totals for 413 - COMMISSION ON VASAP	Paid to Date	Outstanding	Incurred
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**

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1992 - 06/30/1993				
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**		

414 - STATE WATER CONTROL BOARD

Grand Totals for 414 - STATE WATER CONTROL BOARD	Paid to Date	Outstanding	Incurred
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	Policy Period	Paid to Date	Outstanding	Incurred
	07/01/1993 - 06/30/1994			
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	
	07/01/1992 - 06/30/1993			
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	
	07/01/1991 - 06/30/1992			
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	
	07/01/1990 - 06/30/1991			
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			

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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414 - STATE WATER CONTROL BOARD

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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417 - GUNSTON HALL

Grand Totals for 417 - GUNSTON HALL	Paid to Date	Outstanding	Incurred
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 **36**

 # Open **0** **Recovery Amount:** **$0.00**

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2023 - 06/30/2024				
Expense.....	.....		**$0.00**	**$0.00**	**$0.00**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2013 - 06/30/2014				
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**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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**				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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417 - GUNSTON HALL

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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417 - GUNSTON HALL

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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**		
	07/01/1999 - 06/30/2000				
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**		
	07/01/1997 - 06/30/1998				
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**		
	07/01/1996 - 06/30/1997				
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**		
	07/01/1995 - 06/30/1996				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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417 - GUNSTON HALL

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1994 - 06/30/1995				
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**		
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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**		
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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417 - GUNSTON HALL

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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**		

421 - WASTE MANAGEMENT, DEPT. OF

Grand Totals for 421 - WASTE MANAGEMENT, DEPT. OF	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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421 - WASTE MANAGEMENT, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		

422 - STATE AIR POLLUTION CNTRL BOARD

Grand Totals for 422 - STATE AIR POLLUTION CNTRL BOARD	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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422 - STATE AIR POLLUTION CNTRL BOARD

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

423 - HISTORIC RESOURCE, DEPARTMENT OF

Grand Totals for 423 - HISTORIC RESOURCE, DEPARTMENT OF	Paid to Date	Outstanding	Incurred
Expense.....	$84.09	$177.78	$261.87
Indemnity.....	$7,409.16	$0.00	$7,409.16
Medical.....	$14,461.73	$6,000.00	$20,461.73
	$21,954.98	$6,177.78	$28,132.76

# of Claims	43		
# Open	1	Recovery Amount:	$0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$41.04	$177.78	$218.82
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$79.18	$6,000.00	$6,079.18
			$120.22	$6,177.78	$6,298.00
# of Claims	2				
# Open	1	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
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		
	07/01/2021 - 06/30/2022				
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				

423 - HISTORIC RESOURCE, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		

423 - HISTORIC RESOURCE, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2006 - 06/30/2007				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		

423 - HISTORIC RESOURCE, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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423 - HISTORIC RESOURCE, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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**		
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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**		

425 - JAMESTOWN-YORKTOWN FOUNDATION

Grand Totals for 425 - JAMESTOWN-YORKTOWN FOUNDATION			Paid to Date	Outstanding	Incurred
Expense			$30,335.91	$3,528.00	$33,863.91
Indemnity			$311,400.20	$22,777.90	$334,178.10
Medical			$1,730,977.60	$262,121.74	$1,993,099.34
			$2,072,713.71	$288,427.64	$2,361,141.35
# of Claims	1,191				
# Open	3	**Recovery Amount:**	-$6,397.68		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense			$123.27	$2,900.00	$3,023.27
Indemnity			$24,992.30	$14,273.60	$39,265.90
Medical			$103,219.71	$135,091.16	$238,310.87
			$128,335.28	$152,264.76	$280,600.04
# of Claims	21				
# Open	1	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense			$2,390.82	$628.00	$3,018.82
Indemnity			$7,495.70	$8,504.30	$16,000.00
Medical			$117,335.34	$43,293.81	$160,629.15
			$127,221.86	$52,426.11	$179,647.97
# of Claims	11				
# Open	1	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense			$62.14	$0.00	$62.14
Indemnity			$0.00	$0.00	$0.00
Medical			$20,354.57	$0.00	$20,354.57
			$20,416.71	$0.00	$20,416.71
# of Claims	13				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense			$53.00	$0.00	$53.00
Indemnity			$2,710.46	$0.00	$2,710.46
Medical			$40,038.60	$0.00	$40,038.60
			$42,802.06	$0.00	$42,802.06
# of Claims	18				

425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$5,650.37	$0.00	$5,650.37
Indemnity.....	.....		$62,054.65	$0.00	$62,054.65
Medical.....	.....		$13,272.16	$0.00	$13,272.16
			$80,977.18	$0.00	$80,977.18
# of Claims	18				
# Open	0	Recovery Amount:	0.00		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
Expense.....	.....		$431.34	$0.00	$431.34
Indemnity.....	.....		$9,875.03	$0.00	$9,875.03
Medical.....	.....		$50,557.25	$0.00	$50,557.25
			$60,863.62	$0.00	$60,863.62
# of Claims	38				
# Open	0	Recovery Amount:	0.00		
	07/01/2011 - 06/30/2012				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
Expense.....	.....		$1,465.51	$0.00	$1,465.51
Indemnity.....	.....		$6,664.83	$0.00	$6,664.83
Medical.....	.....		$382,994.96	$83,736.77	$466,731.73
			$391,125.30	$83,736.77	$474,862.07
# of Claims	66				
# Open	1	Recovery Amount:	0.00		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense			**$2,064.00**	**$0.00**	**$2,064.00**
Indemnity			**$13,446.07**	**$0.00**	**$13,446.07**
Medical			**$179,786.06**	**$0.00**	**$179,786.06**
			$195,296.13	**$0.00**	**$195,296.13**
# of Claims	**51**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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**		
	07/01/1999 - 06/30/2000				
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**		
	07/01/1998 - 06/30/1999				
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**		
	07/01/1997 - 06/30/1998				
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**		
	07/01/1996 - 06/30/1997				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period	Paid to Date	Outstanding	Incurred

440 - ENVIRONMENTAL QUALITY, DEPT OF

Grand Totals for 440 - ENVIRONMENTAL QUALITY, DEPT OF	Paid to Date	Outstanding	Incurred
Expense.....	$3,805.21	$82.23	$3,887.44
Indemnity.....	$86,114.14	$0.00	$86,114.14
Medical.....	$967,803.35	$371,246.31	$1,339,049.66
	$1,057,722.70	$371,328.54	$1,429,051.24

# of Claims 406
 # Open 3 **Recovery Amount:** -$43,956.87

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$77.04	$31.18	$108.22
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$829.90	$1,200.00	$2,029.90
			$906.94	$1,231.18	$2,138.12
# of Claims	14				
# Open	1	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$291.34	$0.00	$291.34
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$291.34	$0.00	$291.34
# of Claims	8				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$29.23	$0.00	$29.23
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$2,135.96	$0.00	$2,135.96
			$2,165.19	$0.00	$2,165.19
# of Claims	5				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$72.06	$0.00	$72.06
Indemnity.....	.....		$28,818.79	$0.00	$28,818.79
Medical.....	.....		$102,394.67	$0.00	$102,394.67
			$131,285.52	$0.00	$131,285.52
# of Claims	3				
# Open	0	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		

440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		
	07/01/2014 - 06/30/2015				
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**		
	07/01/2013 - 06/30/2014				
Expense			**$16.00**	**$0.00**	**$16.00**
Indemnity			**$5,056.83**	**$0.00**	**$5,056.83**
Medical			**$108,214.30**	**$0.00**	**$108,214.30**
			$113,287.13	**$0.00**	**$113,287.13**
# of Claims	**11**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
Expense.....	.....		$16.00	$0.00	$16.00
Indemnity.....	.....		$2,274.80	$0.00	$2,274.80
Medical.....	.....		$88,284.42	$169,647.00	$257,931.42
			$90,575.22	$169,647.00	$260,222.22
# of Claims	7				
# Open	1	Recovery Amount:	0.00		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		

440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
Expense			**$2,936.46**	**$51.05**	**$2,987.51**
Indemnity			**$18,855.73**	**$0.00**	**$18,855.73**
Medical			**$328,866.50**	**$200,399.31**	**$529,265.81**
			$350,658.69	**$200,450.36**	**$551,109.05**
# of Claims	**17**				
# Open	**1**	**Recovery Amount:**	**-1,161.70**		

440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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**		
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		

501 - HIGHWAYS & TRANS, DEPT OF

Grand Totals for 501 - HIGHWAYS & TRANS, DEPT OF	Paid to Date	Outstanding	Incurred
Expense.....	$3,352,451.81	$614,158.87	$3,966,610.68
Indemnity.....	$102,975,051.65	$4,035,163.97	$107,010,215.62
Medical.....	$138,490,856.73	$24,809,197.22	$163,300,053.95
	$244,818,360.19	$29,458,520.06	$274,276,880.25

# of Claims 32,943
 # Open 276 **Recovery Amount:** -$5,621,494.94

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$4,807.01	$62,432.06	$67,239.07
Indemnity.....	.....		$231,587.60	$573,306.64	$804,894.24
Medical.....	.....		$615,152.06	$1,655,129.77	$2,270,281.83
			$851,546.67	$2,290,868.47	$3,142,415.14
# of Claims	387				
# Open	77	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$27,570.38	$76,092.31	$103,662.69
Indemnity.....	.....		$1,073,623.73	$364,224.00	$1,437,847.73
Medical.....	.....		$2,184,231.98	$1,011,879.54	$3,196,111.52
			$3,285,426.09	$1,452,195.85	$4,737,621.94
# of Claims	365				
# Open	31	Recovery Amount:	-1,203.71		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$23,796.32	$39,861.74	$63,658.06
Indemnity.....	.....		$730,274.58	$568,752.07	$1,299,026.65
Medical.....	.....		$1,321,817.91	$1,281,036.31	$2,602,854.22
			$2,075,888.81	$1,889,650.12	$3,965,538.93
# of Claims	305				
# Open	13	Recovery Amount:	-51,752.19		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$30,559.25	$34,349.70	$64,908.95
Indemnity.....	.....		$1,338,996.81	$535,146.63	$1,874,143.44
Medical.....	.....		$2,448,810.07	$1,017,504.65	$3,466,314.72
			$3,818,366.13	$1,587,000.98	$5,405,367.11
# of Claims	304				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	13	Recovery Amount:	-83,068.81		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$31,435.20	$17,755.28	$49,190.48
Indemnity.....	.....		$954,738.08	$337,415.27	$1,292,153.35
Medical.....	.....		$1,893,412.86	$240,310.97	$2,133,723.83
			$2,879,586.14	$595,481.52	$3,475,067.66
# of Claims	338				
# Open	5	Recovery Amount:	-18,139.80		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$24,881.37	$3,556.12	$28,437.49
Indemnity.....	.....		$760,651.98	$209,270.05	$969,922.03
Medical.....	.....		$1,303,438.82	$433,713.55	$1,737,152.37
			$2,088,972.17	$646,539.72	$2,735,511.89
# of Claims	382				
# Open	4	Recovery Amount:	-89,343.73		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$19,577.68	$4,517.34	$24,095.02
Indemnity.....	.....		$1,068,352.55	$312,138.63	$1,380,491.18
Medical.....	.....		$1,759,641.89	$373,277.54	$2,132,919.43
			$2,847,572.12	$689,933.51	$3,537,505.63
# of Claims	429				
# Open	5	Recovery Amount:	-46,190.64		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$40,963.05	$4,487.44	$45,450.49
Indemnity.....	.....		$1,505,779.55	$177,334.07	$1,683,113.62
Medical.....	.....		$2,011,043.05	$166,852.80	$2,177,895.85
			$3,557,785.65	$348,674.31	$3,906,459.96
# of Claims	460				
# Open	4	Recovery Amount:	-219,498.60		
	07/01/2016 - 06/30/2017				
Expense.....	.....		$53,690.78	$5,816.46	$59,507.24
Indemnity.....	.....		$1,165,590.95	$121,357.00	$1,286,947.95
Medical.....	.....		$2,078,504.57	$852,030.71	$2,930,535.28
			$3,297,786.30	$979,204.17	$4,276,990.47
# of Claims	429				
# Open	5	Recovery Amount:	-163,169.01		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense			**$46,572.41**	**$7,972.94**	**$54,545.35**
Indemnity			**$1,977,306.48**	**$246,597.67**	**$2,223,904.15**
Medical			**$1,966,397.87**	**$888,270.79**	**$2,854,668.66**
			$3,990,276.76	**$1,142,841.40**	**$5,133,118.16**
# of Claims	**386**				
# Open	**6**	**Recovery Amount:**	**-119,603.40**		
	07/01/2014 - 06/30/2015				
Expense			**$33,748.63**	**$56.46**	**$33,805.09**
Indemnity			**$1,193,740.83**	**$0.00**	**$1,193,740.83**
Medical			**$2,489,947.63**	**$905,160.89**	**$3,395,108.52**
			$3,717,437.09	**$905,217.35**	**$4,622,654.44**
# of Claims	**415**				
# Open	**4**	**Recovery Amount:**	**-64,964.90**		
	07/01/2013 - 06/30/2014				
Expense			**$99,460.35**	**$68,847.85**	**$168,308.20**
Indemnity			**$2,030,035.44**	**$0.00**	**$2,030,035.44**
Medical			**$2,364,147.33**	**$218,879.21**	**$2,583,026.54**
			$4,493,643.12	**$287,727.06**	**$4,781,370.18**
# of Claims	**413**				
# Open	**3**	**Recovery Amount:**	**-107,825.43**		
	07/01/2012 - 06/30/2013				
Expense			**$66,068.89**	**$18.82**	**$66,087.71**
Indemnity			**$1,552,199.12**	**$0.00**	**$1,552,199.12**
Medical			**$2,900,324.44**	**$824,481.01**	**$3,724,805.45**
			$4,518,592.45	**$824,499.83**	**$5,343,092.28**
# of Claims	**457**				
# Open	**4**	**Recovery Amount:**	**-216,408.96**		
	07/01/2011 - 06/30/2012				
Expense			**$74,206.07**	**$0.00**	**$74,206.07**
Indemnity			**$1,841,888.52**	**$0.00**	**$1,841,888.52**
Medical			**$2,316,002.49**	**$291,972.81**	**$2,607,975.30**
			$4,232,097.08	**$291,972.81**	**$4,524,069.89**
# of Claims	**480**				
# Open	**2**	**Recovery Amount:**	**-79,582.03**		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
Expense			**$27,687.23**	**$8,010.82**	**$35,698.05**
Indemnity			**$1,166,635.62**	**$0.00**	**$1,166,635.62**
Medical			**$2,105,769.87**	**$107,889.19**	**$2,213,659.06**
			$3,300,092.72	**$115,900.01**	**$3,415,992.73**
# of Claims	**457**				
# Open	**2**	**Recovery Amount:**	**-49,380.98**		
	07/01/2009 - 06/30/2010				
Expense			**$186,423.55**	**$22,859.86**	**$209,283.41**
Indemnity			**$3,132,468.05**	**$0.00**	**$3,132,468.05**
Medical			**$4,298,193.82**	**$1,241,433.99**	**$5,539,627.81**
			$7,617,085.42	**$1,264,293.85**	**$8,881,379.27**
# of Claims	**588**				
# Open	**6**	**Recovery Amount:**	**-294,653.43**		
	07/01/2008 - 06/30/2009				
Expense			**$110,625.08**	**$75.28**	**$110,700.36**
Indemnity			**$2,489,611.47**	**$0.00**	**$2,489,611.47**
Medical			**$3,394,823.07**	**$494,022.69**	**$3,888,845.76**
			$5,995,059.62	**$494,097.97**	**$6,489,157.59**
# of Claims	**673**				
# Open	**5**	**Recovery Amount:**	**-19,979.19**		
	07/01/2007 - 06/30/2008				
Expense			**$159,176.33**	**$3,094.10**	**$162,270.43**
Indemnity			**$3,049,682.16**	**$0.00**	**$3,049,682.16**
Medical			**$4,461,594.74**	**$1,097,354.38**	**$5,558,949.12**
			$7,670,453.23	**$1,100,448.48**	**$8,770,901.71**
# of Claims	**679**				
# Open	**8**	**Recovery Amount:**	**-157,949.18**		
	07/01/2006 - 06/30/2007				
Expense			**$194,799.21**	**$106,756.92**	**$301,556.13**
Indemnity			**$2,539,133.19**	**$0.00**	**$2,539,133.19**
Medical			**$5,346,749.58**	**$2,632,906.84**	**$7,979,656.42**
			$8,080,681.98	**$2,739,663.76**	**$10,820,345.74**
# of Claims	**702**				
# Open	**7**	**Recovery Amount:**	**-316,771.85**		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense			**$230,178.92**	**$37.64**	**$230,216.56**
Indemnity			**$4,806,878.06**	**$0.00**	**$4,806,878.06**
Medical			**$5,469,446.23**	**$407,503.87**	**$5,876,950.10**
			$10,506,503.21	**$407,541.51**	**$10,914,044.72**
# of Claims	**855**				
# Open	**5**	**Recovery Amount:**	**-201,142.29**		
	07/01/2004 - 06/30/2005				
Expense			**$60,347.02**	**$18.82**	**$60,365.84**
Indemnity			**$2,541,661.69**	**$0.00**	**$2,541,661.69**
Medical			**$2,712,680.99**	**$1,349.36**	**$2,714,030.35**
			$5,314,689.70	**$1,368.18**	**$5,316,057.88**
# of Claims	**782**				
# Open	**1**	**Recovery Amount:**	**-232,573.13**		
	07/01/2003 - 06/30/2004				
Expense			**$209,535.45**	**$28,700.95**	**$238,236.40**
Indemnity			**$5,849,313.42**	**$0.00**	**$5,849,313.42**
Medical			**$8,622,152.58**	**$1,975,844.17**	**$10,597,996.75**
			$14,681,001.45	**$2,004,545.12**	**$16,685,546.57**
# of Claims	**1,039**				
# Open	**9**	**Recovery Amount:**	**-471,075.07**		
	07/01/2002 - 06/30/2003				
Expense			**$110,714.19**	**$4,419.84**	**$115,134.03**
Indemnity			**$4,349,060.84**	**$0.00**	**$4,349,060.84**
Medical			**$6,092,722.47**	**$257,047.76**	**$6,349,770.23**
			$10,552,497.50	**$261,467.60**	**$10,813,965.10**
# of Claims	**946**				
# Open	**5**	**Recovery Amount:**	**-218,964.41**		
	07/01/2001 - 06/30/2002				
Expense			**$125,994.98**	**$106.46**	**$126,101.44**
Indemnity			**$3,930,337.11**	**$0.00**	**$3,930,337.11**
Medical			**$4,462,916.49**	**$176,683.94**	**$4,639,600.43**
			$8,519,248.58	**$176,790.40**	**$8,696,038.98**
# of Claims	**1,019**				
# Open	**5**	**Recovery Amount:**	**-405,450.37**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
Expense.....	.....		$90,703.95	$39,444.46	$130,148.41
Indemnity.....	.....		$4,101,816.00	$0.10	$4,101,816.10
Medical.....	.....		$3,370,171.66	$208,963.12	$3,579,134.78
			$7,562,691.61	$248,407.68	$7,811,099.29
# of Claims	935				
# Open	4	Recovery Amount:	-154,945.07		
	07/01/1999 - 06/30/2000				
Expense.....	.....		$66,310.63	$14,206.64	$80,517.27
Indemnity.....	.....		$4,110,617.18	$1.13	$4,110,618.31
Medical.....	.....		$5,472,957.03	$740,946.47	$6,213,903.50
			$9,649,884.84	$755,154.24	$10,405,039.08
# of Claims	965				
# Open	6	Recovery Amount:	-103,936.27		
	07/01/1998 - 06/30/1999				
Expense.....	.....		$58,482.71	$34,084.32	$92,567.03
Indemnity.....	.....		$3,073,077.28	$249,088.34	$3,322,165.62
Medical.....	.....		$4,883,745.37	$1,266,243.15	$6,149,988.52
			$8,015,305.36	$1,549,415.81	$9,564,721.17
# of Claims	945				
# Open	6	Recovery Amount:	-134,323.37		
	07/01/1997 - 06/30/1998				
Expense.....	.....		$12,840.63	$0.00	$12,840.63
Indemnity.....	.....		$2,777,142.01	$0.00	$2,777,142.01
Medical.....	.....		$2,197,996.91	$937,435.66	$3,135,432.57
			$4,987,979.55	$937,435.66	$5,925,415.21
# of Claims	970				
# Open	1	Recovery Amount:	-60,756.91		
	07/01/1996 - 06/30/1997				
Expense.....	.....		$39,211.28	$689.64	$39,900.92
Indemnity.....	.....		$3,735,739.75	$0.00	$3,735,739.75
Medical.....	.....		$4,166,421.48	$534,451.57	$4,700,873.05
			$7,941,372.51	$535,141.21	$8,476,513.72
# of Claims	1,043				
# Open	6	Recovery Amount:	-155,166.84		

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
Expense.....	.....		$29,008.25	$57.64	$29,065.89
Indemnity.....	.....		$3,912,605.42	$0.00	$3,912,605.42
Medical.....	.....		$4,069,872.94	$260,548.44	$4,330,421.38
			$8,011,486.61	$260,606.08	$8,272,092.69
# of Claims	1,116				
# Open	7	Recovery Amount:	-154,801.87		
	07/01/1994 - 06/30/1995				
Expense.....	.....		$35,162.89	$23,407.22	$58,570.11
Indemnity.....	.....		$2,722,532.81	$0.00	$2,722,532.81
Medical.....	.....		$4,323,679.40	$535,610.65	$4,859,290.05
			$7,081,375.10	$559,017.87	$7,640,392.97
# of Claims	1,289				
# Open	3	Recovery Amount:	-135,023.32		
	07/01/1993 - 06/30/1994				
Expense.....	.....		$35,583.83	$37.64	$35,621.47
Indemnity.....	.....		$3,550,055.71	$0.00	$3,550,055.71
Medical.....	.....		$8,345,888.37	$942,735.17	$9,288,623.54
			$11,931,527.91	$942,772.81	$12,874,300.72
# of Claims	1,575				
# Open	3	Recovery Amount:	-161,002.17		
	07/01/1992 - 06/30/1993				
Expense.....	.....		$32,998.66	$18.82	$33,017.48
Indemnity.....	.....		$3,886,777.42	$303,460.48	$4,190,237.90
Medical.....	.....		$4,807,531.12	$213,380.72	$5,020,911.84
			$8,727,307.20	$516,860.02	$9,244,167.22
# of Claims	1,480				
# Open	3	Recovery Amount:	-249,284.74		
	07/01/1991 - 06/30/1992				
Expense.....	.....		$178,313.56	$2,329.64	$180,643.20
Indemnity.....	.....		$3,628,728.15	$0.00	$3,628,728.15
Medical.....	.....		$4,855,909.29	$332,854.23	$5,188,763.52
			$8,662,951.00	$335,183.87	$8,998,134.87
# of Claims	1,635				
# Open	3	Recovery Amount:	-376.03		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
Expense			**$171,307.54**	**$0.00**	**$171,307.54**
Indemnity			**$3,140,823.03**	**$0.00**	**$3,140,823.03**
Medical			**$4,787,787.05**	**$57,517.90**	**$4,845,304.95**
			$8,099,917.62	**$57,517.90**	**$8,157,435.52**
# of Claims	**1,743**				
# Open	**2**	**Recovery Amount:**	**-5,000.00**		
	07/01/1989 - 06/30/1990				
Expense			**$87,585.59**	**$18.82**	**$87,604.41**
Indemnity			**$3,619,286.03**	**$0.00**	**$3,619,286.03**
Medical			**$2,827,715.68**	**$30,725.55**	**$2,858,441.23**
			$6,534,587.30	**$30,744.37**	**$6,565,331.67**
# of Claims	**1,725**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/1988 - 06/30/1989				
Expense			**$183,773.82**	**$0.00**	**$183,773.82**
Indemnity			**$3,172,080.72**	**$37,071.89**	**$3,209,152.61**
Medical			**$2,781,022.21**	**$183,596.99**	**$2,964,619.20**
			$6,136,876.75	**$220,668.88**	**$6,357,545.63**
# of Claims	**1,345**				
# Open	**1**	**Recovery Amount:**	**-236,429.71**		
	07/01/1987 - 06/30/1988				
Expense			**$237,116.58**	**$18.82**	**$237,135.40**
Indemnity			**$3,373,131.43**	**$0.00**	**$3,373,131.43**
Medical			**$4,327,065.20**	**$11,650.86**	**$4,338,716.06**
			$7,937,313.21	**$11,669.68**	**$7,948,982.89**
# of Claims	**1,401**				
# Open	**1**	**Recovery Amount:**	**-204,219.86**		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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503 - VDOT Consigned Claims

Grand Totals for 503 - VDOT Consigned Claims			Paid to Date	Outstanding	Incurred
Expense.....			**$143.04**	**$67.00**	**$210.04**
Indemnity.....			**$318,430.61**	**$0.00**	**$318,430.61**
Medical.....			**$183,366.32**	**$248,182.51**	**$431,548.83**
			$501,939.97	**$248,249.51**	**$750,189.48**
# of Claims	**3**				
# Open	**1**	**Recovery Amount:**	**-$679.46**		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1983 - 06/30/1984				
Expense.....	.....		**$8.00**	**$0.00**	**$8.00**
Indemnity.....	.....		**$85,314.53**	**$0.00**	**$85,314.53**
Medical.....	.....		**$27,130.72**	**$0.00**	**$27,130.72**
			$112,453.25	**$0.00**	**$112,453.25**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**-679.46**		
	07/01/1981 - 06/30/1982				
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**		
	07/01/1978 - 06/30/1979				
Expense.....	.....		**$8.00**	**$67.00**	**$75.00**
Indemnity.....	.....		**$60,794.69**	**$0.00**	**$60,794.69**
Medical.....	.....		**$150,785.60**	**$248,182.51**	**$398,968.11**
			$211,588.29	**$248,249.51**	**$459,837.80**
# of Claims	**1**				
# Open	**1**	**Recovery Amount:**	**0.00**		

505 - RAIL & PUBLIC TRANS, DEPT. OF

Grand Totals for 505 - RAIL & PUBLIC TRANS, DEPT. OF	Paid to Date	Outstanding	Incurred
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 5
 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2009 - 06/30/2010				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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505 - RAIL & PUBLIC TRANS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2006 - 06/30/2007				
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**		

506 - MOTOR VEHICLE DEALER BOARD

Grand Totals for 506 - MOTOR VEHICLE DEALER BOARD	Paid to Date	Outstanding	Incurred
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	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2018 - 06/30/2019				
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		
	07/01/2016 - 06/30/2017				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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				

506 - MOTOR VEHICLE DEALER BOARD

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		

601 - VA DEPARTMENT OF HEALTH

Grand Totals for 601 - VA DEPARTMENT OF HEALTH	Paid to Date	Outstanding	Incurred
Expense.....	$416,643.21	$166,306.86	$582,950.07
Indemnity.....	$10,452,077.62	$1,106,024.95	$11,558,102.57
Medical.....	$25,000,383.01	$11,162,278.42	$36,162,661.43
	$35,869,103.84	$12,434,610.23	$48,303,714.07

# of Claims	**10,420**		
# Open	**55**	**Recovery Amount:**	**-$1,695,154.55**

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$1,391.39	$2,119.42	$3,510.81
Indemnity.....	.....		$13,256.09	$41,514.59	$54,770.68
Medical.....	.....		$117,121.39	$178,195.48	$295,316.87
			$131,768.87	$221,829.49	$353,598.36
# of Claims	133				
# Open	22	Recovery Amount:	-703.71		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$2,668.16	$2,046.82	$4,714.98
Indemnity.....	.....		$20,912.61	$72,083.95	$92,996.56
Medical.....	.....		$69,623.64	$51,637.60	$121,261.24
			$93,204.41	$125,768.37	$218,972.78
# of Claims	101				
# Open	5	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$4,068.15	$68.82	$4,136.97
Indemnity.....	.....		$53,795.48	$9,042.81	$62,838.29
Medical.....	.....		$218,042.99	$61,889.10	$279,932.09
			$275,906.62	$71,000.73	$346,907.35
# of Claims	95				
# Open	3	Recovery Amount:	-3,140.53		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$615.58	$0.00	$615.58
Indemnity.....	.....		$8,149.86	$0.00	$8,149.86
Medical.....	.....		$89,540.32	$0.00	$89,540.32
			$98,305.76	$0.00	$98,305.76
# of Claims	111				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	-7,915.82		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$3,242.55	$3,189.10	$6,431.65
Indemnity.....	.....		$76,460.99	$0.00	$76,460.99
Medical.....	.....		$231,945.94	$66,255.36	$298,201.30
			$311,649.48	$69,444.46	$381,093.94
# of Claims	88				
# Open	1	Recovery Amount:	-46,386.34		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$783.59	$18.82	$802.41
Indemnity.....	.....		$9,990.33	$0.00	$9,990.33
Medical.....	.....		$136,655.83	$105,179.43	$241,835.26
			$147,429.75	$105,198.25	$252,628.00
# of Claims	129				
# Open	1	Recovery Amount:	-17,013.60		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$1,207.54	$18.82	$1,226.36
Indemnity.....	.....		$27,079.81	$0.00	$27,079.81
Medical.....	.....		$251,463.81	$110,528.83	$361,992.64
			$279,751.16	$110,547.65	$390,298.81
# of Claims	202				
# Open	1	Recovery Amount:	-81,640.54		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$6,359.27	$0.00	$6,359.27
Indemnity.....	.....		$361,832.58	$0.00	$361,832.58
Medical.....	.....		$299,060.52	$0.00	$299,060.52
			$667,252.37	$0.00	$667,252.37
# of Claims	178				
# Open	0	Recovery Amount:	-5,861.51		
	07/01/2016 - 06/30/2017				
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		

601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense.....	.....		$53,880.84	$0.00	$53,880.84
Indemnity.....	.....		$786,860.20	$9,654.94	$796,515.14
Medical.....	.....		$2,227,225.05	$771,846.39	$2,999,071.44
			$3,067,966.09	$781,501.33	$3,849,467.42
# of Claims	206				
# Open	1	Recovery Amount:	-7,700.26		
	07/01/2014 - 06/30/2015				
Expense.....	.....		$25,286.74	$58,897.64	$84,184.38
Indemnity.....	.....		$969,576.54	$0.00	$969,576.54
Medical.....	.....		$785,920.29	$677,308.88	$1,463,229.17
			$1,780,783.57	$736,206.52	$2,516,990.09
# of Claims	203				
# Open	3	Recovery Amount:	-48,634.87		
	07/01/2013 - 06/30/2014				
Expense.....	.....		$20,029.10	$1,341.77	$21,370.87
Indemnity.....	.....		$351,331.44	$190,729.55	$542,060.99
Medical.....	.....		$529,119.38	$616,534.70	$1,145,654.08
			$900,479.92	$808,606.02	$1,709,085.94
# of Claims	213				
# Open	2	Recovery Amount:	-1,764.06		
	07/01/2012 - 06/30/2013				
Expense.....	.....		$1,411.68	$0.00	$1,411.68
Indemnity.....	.....		$51,583.84	$0.00	$51,583.84
Medical.....	.....		$152,130.72	$0.00	$152,130.72
			$205,126.24	$0.00	$205,126.24
# of Claims	251				
# Open	0	Recovery Amount:	-5,764.84		
	07/01/2011 - 06/30/2012				
Expense.....	.....		$1,576.41	$0.00	$1,576.41
Indemnity.....	.....		$53,201.08	$0.00	$53,201.08
Medical.....	.....		$248,449.62	$0.00	$248,449.62
			$303,227.11	$0.00	$303,227.11
# of Claims	255				
# Open	0	Recovery Amount:	-18,241.27		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
Expense.....	.....		$6,866.25	$0.00	$6,866.25
Indemnity.....	.....		$51,025.46	$0.00	$51,025.46
Medical.....	.....		$233,141.91	$0.00	$233,141.91
			$291,033.62	$0.00	$291,033.62
# of Claims	245				
# Open	0	Recovery Amount:	-1,094.36		
	07/01/2009 - 06/30/2010				
Expense.....	.....		$805.58	$18.82	$824.40
Indemnity.....	.....		$23,115.87	$0.00	$23,115.87
Medical.....	.....		$190,699.45	$10,000.00	$200,699.45
			$214,620.90	$10,018.82	$224,639.72
# of Claims	243				
# Open	1	Recovery Amount:	-6,348.33		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
Expense.....	.....		$14,846.42	$0.00	$14,846.42
Indemnity.....	.....		$746,804.85	$782,999.11	$1,529,803.96
Medical.....	.....		$3,799,887.65	$5,005,782.30	$8,805,669.95
			$4,561,538.92	$5,788,781.41	$10,350,320.33
# of Claims	265				
# Open	1	Recovery Amount:	-5,420.49		
	07/01/2006 - 06/30/2007				
Expense.....	.....		$24,793.90	$0.00	$24,793.90
Indemnity.....	.....		$241,037.32	$0.00	$241,037.32
Medical.....	.....		$651,663.80	$0.00	$651,663.80
			$917,495.02	$0.00	$917,495.02
# of Claims	279				
# Open	0	Recovery Amount:	-224,327.45		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense.....	.....		$5,710.96	$18.82	$5,729.78
Indemnity.....	.....		$68,048.67	$0.00	$68,048.67
Medical.....	.....		$654,809.16	$462,910.98	$1,117,720.14
			$728,568.79	$462,929.80	$1,191,498.59
# of Claims	243				
# Open	1	Recovery Amount:	-8,363.08		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$5,753.60	$18.82	$5,772.42
Indemnity.....	.....		$195,843.19	$0.00	$195,843.19
Medical.....	.....		$455,300.81	$203,364.30	$658,665.11
			$656,897.60	$203,383.12	$860,280.72
# of Claims	302				
# Open	1	Recovery Amount:	-21,353.45		
	07/01/2003 - 06/30/2004				
Expense.....	.....		$9,759.44	$18.82	$9,778.26
Indemnity.....	.....		$170,729.79	$0.00	$170,729.79
Medical.....	.....		$802,781.14	$91,413.36	$894,194.50
			$983,270.37	$91,432.18	$1,074,702.55
# of Claims	244				
# Open	1	Recovery Amount:	-9,407.39		
	07/01/2002 - 06/30/2003				
Expense.....	.....		$698.86	$0.00	$698.86
Indemnity.....	.....		$41,288.48	$0.00	$41,288.48
Medical.....	.....		$1,585,486.08	$1,920,377.40	$3,505,863.48
			$1,627,473.42	$1,920,377.40	$3,547,850.82
# of Claims	274				
# Open	1	Recovery Amount:	-4,979.66		
	07/01/2001 - 06/30/2002				
Expense.....	.....		$43,031.73	$18.82	$43,050.55
Indemnity.....	.....		$1,012,015.45	$0.00	$1,012,015.45
Medical.....	.....		$830,314.51	$112,363.99	$942,678.50
			$1,885,361.69	$112,382.81	$1,997,744.50
# of Claims	307				
# Open	1	Recovery Amount:	-46,239.33		

601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
Expense.....	.....		$19,657.63	$18.82	$19,676.45
Indemnity.....	.....		$378,226.12	$0.00	$378,226.12
Medical.....	.....		$970,377.27	$272,838.13	$1,243,215.40
			$1,368,261.02	$272,856.95	$1,641,117.97
# of Claims	289				
# Open	1	Recovery Amount:	-6,739.15		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
Expense.....	.....		$5,465.24	$18.82	$5,484.06
Indemnity.....	.....		$182,363.07	$0.00	$182,363.07
Medical.....	.....		$444,417.50	$7,435.68	$451,853.18
			$632,245.81	$7,454.50	$639,700.31
# of Claims	321				
# Open	1	Recovery Amount:	-13,060.73		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
Expense.....	.....		$3,321.07	$18.82	$3,339.89
Indemnity.....	.....		$380,930.12	$0.00	$380,930.12
Medical.....	.....		$482,194.73	$56,320.73	$538,515.46
			$866,445.92	$56,339.55	$922,785.47
# of Claims	360				
# Open	1	Recovery Amount:	-944.83		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
Expense.....	.....		$14,111.12	$40,880.65	$54,991.77
Indemnity.....	.....		$122,734.15	$0.00	$122,734.15
Medical.....	.....		$435,441.02	$120,963.05	$556,404.07
			$572,286.29	$161,843.70	$734,129.99
# of Claims	404				
# Open	1	Recovery Amount:	-6,280.97		
	07/01/1994 - 06/30/1995				
Expense.....	.....		$31,378.50	$21,611.42	$52,989.92
Indemnity.....	.....		$337,033.45	$0.00	$337,033.45
Medical.....	.....		$973,054.59	$52,608.53	$1,025,663.12
			$1,341,466.54	$74,219.95	$1,415,686.49
# of Claims	485				
# Open	1	Recovery Amount:	-22,604.00		
	07/01/1993 - 06/30/1994				
Expense.....	.....		$16,161.33	$18.82	$16,180.15
Indemnity.....	.....		$703,906.55	$0.00	$703,906.55
Medical.....	.....		$1,470,918.36	$11,794.10	$1,482,712.46
			$2,190,986.24	$11,812.92	$2,202,799.16
# of Claims	537				
# Open	1	Recovery Amount:	-51,230.51		
	07/01/1992 - 06/30/1993				
Expense.....	.....		$9,046.04	$20,862.25	$29,908.29
Indemnity.....	.....		$508,298.17	$0.00	$508,298.17
Medical.....	.....		$710,158.10	$64,571.60	$774,729.70
			$1,227,502.31	$85,433.85	$1,312,936.16
# of Claims	517				
# Open	1	Recovery Amount:	-35,460.46		
	07/01/1991 - 06/30/1992				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
Expense.....	.....		$25,460.14	$15,081.95	$40,542.09
Indemnity.....	.....		$609,700.76	$0.00	$609,700.76
Medical.....	.....		$455,729.16	$130,158.50	$585,887.66
			$1,090,890.06	$145,240.45	$1,236,130.51
# of Claims	244				
# Open	2	Recovery Amount:	0.00		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period	Paid to Date	Outstanding	Incurred

602 - MEDICAL ASST. SERVS., DEPT. OF

Grand Totals for 602 - MEDICAL ASST. SERVS., DEPT. OF	Paid to Date	Outstanding	Incurred
Expense.....	$14,809.94	$0.00	$14,809.94
Indemnity.....	$343,340.90	$8,903.18	$352,244.08
Medical.....	$1,458,971.38	$1,261,112.99	$2,720,084.37
	$1,817,122.22	$1,270,016.17	$3,087,138.39

# of Claims 174
 # Open 2 **Recovery Amount:** -$75,499.50

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2023 - 06/30/2024				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,532.42	$0.00	$1,532.42
			$1,532.42	$0.00	$1,532.42
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
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		
	07/01/2021 - 06/30/2022				
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		
	07/01/2019 - 06/30/2020				
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				

602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$6,992.77	$0.00	$6,992.77
Indemnity.....	.....		$71,028.11	$8,903.17	$79,931.28
Medical.....	.....		$49,511.20	$9,676.08	$59,187.28
			$127,532.08	$18,579.25	$146,111.33
# of Claims	1				
# Open	1	Recovery Amount:	-54,997.59		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		

602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
Expense.....	.....		$4,708.70	$0.00	$4,708.70
Indemnity.....	.....		$223,540.86	$0.01	$223,540.87
Medical.....	.....		$1,309,718.85	$1,251,436.91	$2,561,155.76
			$1,537,968.41	$1,251,436.92	$2,789,405.33
# of Claims	14				
# Open	1	Recovery Amount:	-5,618.45		

602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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606 - VA BOARD FOR PEOPLE WITH DISABILIT

Grand Totals for 606 - VA BOARD FOR PEOPLE WITH DISABILIT	Paid to Date	Outstanding	Incurred
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
	07/01/2006 - 06/30/2007				
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		
	07/01/2000 - 06/30/2001				
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		

701 - DEPARTMENT OF CORRECTIONS

Grand Totals for 701 - DEPARTMENT OF CORRECTIONS	Paid to Date	Outstanding	Incurred
Expense.....	$5,004,102.33	$847,131.38	$5,851,233.71
Indemnity.....	$89,956,047.93	$6,657,713.24	$96,613,761.17
Medical.....	$148,017,352.29	$49,832,762.90	$197,850,115.19
	$242,977,502.55	$57,337,607.52	$300,315,110.07

# of Claims	54,590		
# Open	452	Recovery Amount:	-$1,893,923.16

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$30,602.44	$104,473.46	$135,075.90
Indemnity.....	.....		$443,286.09	$591,034.41	$1,034,320.50
Medical.....	.....		$1,136,524.80	$2,014,789.99	$3,151,314.79
			$1,610,413.33	$2,710,297.86	$4,320,711.19
# of Claims	1,001				
# Open	180	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$125,649.62	$102,682.28	$228,331.90
Indemnity.....	.....		$1,267,386.50	$1,461,737.11	$2,729,123.61
Medical.....	.....		$2,438,398.65	$1,426,599.74	$3,864,998.39
			$3,831,434.77	$2,991,019.13	$6,822,453.90
# of Claims	945				
# Open	62	Recovery Amount:	-3,816.57		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$93,428.18	$10,286.21	$103,714.39
Indemnity.....	.....		$872,770.38	$413,269.82	$1,286,040.20
Medical.....	.....		$2,228,196.32	$2,451,553.29	$4,679,749.61
			$3,194,394.88	$2,875,109.32	$6,069,504.20
# of Claims	690				
# Open	21	Recovery Amount:	-20,978.31		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$129,290.27	$42,935.10	$172,225.37
Indemnity.....	.....		$1,093,289.23	$745,625.84	$1,838,915.07
Medical.....	.....		$1,222,110.52	$144,201.85	$1,366,312.37
			$2,444,690.02	$932,762.79	$3,377,452.81
# of Claims	666				

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	7	Recovery Amount:	-9,052.35		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$165,176.46	$82,181.84	$247,358.30
Indemnity.....	.....		$1,055,775.99	$686,912.48	$1,742,688.47
Medical.....	.....		$1,696,312.55	$2,737,912.37	$4,434,224.92
			$2,917,265.00	$3,507,006.69	$6,424,271.69
# of Claims	734				
# Open	7	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$161,929.58	$10,712.98	$172,642.56
Indemnity.....	.....		$1,206,182.27	$23,540.78	$1,229,723.05
Medical.....	.....		$1,533,612.81	$881,847.51	$2,415,460.32
			$2,901,724.66	$916,101.27	$3,817,825.93
# of Claims	825				
# Open	6	Recovery Amount:	-33,069.84		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$230,694.04	$15,681.07	$246,375.11
Indemnity.....	.....		$1,970,670.18	$283,672.79	$2,254,342.97
Medical.....	.....		$2,891,728.32	$2,446,598.40	$5,338,326.72
			$5,093,092.54	$2,745,952.26	$7,839,044.80
# of Claims	828				
# Open	4	Recovery Amount:	-129,070.16		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$121,463.31	$0.00	$121,463.31
Indemnity.....	.....		$1,161,304.96	$0.00	$1,161,304.96
Medical.....	.....		$1,867,413.29	$107,829.12	$1,975,242.41
			$3,150,181.56	$107,829.12	$3,258,010.68
# of Claims	809				
# Open	3	Recovery Amount:	-19,206.07		
	07/01/2016 - 06/30/2017				
Expense.....	.....		$160,435.74	$14,971.32	$175,407.06
Indemnity.....	.....		$1,932,051.21	$145,823.44	$2,077,874.65
Medical.....	.....		$3,374,389.14	$720,749.87	$4,095,139.01
			$5,466,876.09	$881,544.63	$6,348,420.72
# of Claims	804				
# Open	5	Recovery Amount:	-30,612.08		

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense.....	.....		$249,955.31	$8,854.54	$258,809.85
Indemnity.....	.....		$2,618,088.01	$120,306.60	$2,738,394.61
Medical.....	.....		$3,290,340.99	$749,295.85	$4,039,636.84
			$6,158,384.31	$878,456.99	$7,036,841.30
# of Claims	852				
# Open	5	Recovery Amount:	-90,962.63		
	07/01/2014 - 06/30/2015				
Expense.....	.....		$204,998.82	$6,173.86	$211,172.68
Indemnity.....	.....		$1,987,223.61	$3,390.94	$1,990,614.55
Medical.....	.....		$5,356,668.12	$6,133,840.11	$11,490,508.23
			$7,548,890.55	$6,143,404.91	$13,692,295.46
# of Claims	925				
# Open	7	Recovery Amount:	-93,453.43		
	07/01/2013 - 06/30/2014				
Expense.....	.....		$143,117.31	$10,628.63	$153,745.94
Indemnity.....	.....		$2,381,616.47	$0.00	$2,381,616.47
Medical.....	.....		$3,188,274.55	$1,000,116.02	$4,188,390.57
			$5,713,008.33	$1,010,744.65	$6,723,752.98
# of Claims	928				
# Open	5	Recovery Amount:	-19,308.42		
	07/01/2012 - 06/30/2013				
Expense.....	.....		$89,514.11	$0.00	$89,514.11
Indemnity.....	.....		$1,079,159.72	$0.00	$1,079,159.72
Medical.....	.....		$1,978,486.40	$199,080.00	$2,177,566.40
			$3,147,160.23	$199,080.00	$3,346,240.23
# of Claims	908				
# Open	2	Recovery Amount:	-85,438.75		
	07/01/2011 - 06/30/2012				
Expense.....	.....		$187,021.31	$1,409.78	$188,431.09
Indemnity.....	.....		$2,877,984.73	$0.00	$2,877,984.73
Medical.....	.....		$4,863,606.98	$918,210.05	$5,781,817.03
			$7,928,613.02	$919,619.83	$8,848,232.85
# of Claims	1,034				
# Open	9	Recovery Amount:	-58,774.77		

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
Expense.....	.....		$136,392.86	$589.01	$136,981.87
Indemnity.....	.....		$2,034,167.77	$0.00	$2,034,167.77
Medical.....	.....		$4,094,937.53	$1,950,254.65	$6,045,192.18
			$6,265,498.16	$1,950,843.66	$8,216,341.82
# of Claims	1,144				
# Open	3	Recovery Amount:	-88,159.09		
	07/01/2009 - 06/30/2010				
Expense.....	.....		$239,391.62	$7,545.01	$246,936.63
Indemnity.....	.....		$3,238,385.30	$0.00	$3,238,385.30
Medical.....	.....		$3,999,555.47	$1,764,352.10	$5,763,907.57
			$7,477,332.39	$1,771,897.11	$9,249,229.50
# of Claims	1,262				
# Open	10	Recovery Amount:	-63,291.84		
	07/01/2008 - 06/30/2009				
Expense.....	.....		$131,739.62	$6,937.95	$138,677.57
Indemnity.....	.....		$2,190,328.04	$0.00	$2,190,328.04
Medical.....	.....		$3,057,737.81	$189,716.64	$3,247,454.45
			$5,379,805.47	$196,654.59	$5,576,460.06
# of Claims	1,163				
# Open	3	Recovery Amount:	-32,232.68		
	07/01/2007 - 06/30/2008				
Expense.....	.....		$182,326.72	$56.46	$182,383.18
Indemnity.....	.....		$2,930,184.03	$0.00	$2,930,184.03
Medical.....	.....		$4,999,336.19	$761,763.80	$5,761,099.99
			$8,111,846.94	$761,820.26	$8,873,667.20
# of Claims	1,323				
# Open	4	Recovery Amount:	-121,406.19		
	07/01/2006 - 06/30/2007				
Expense.....	.....		$177,166.41	$84,773.28	$261,939.69
Indemnity.....	.....		$2,183,613.84	$0.00	$2,183,613.84
Medical.....	.....		$3,373,369.68	$1,546,584.31	$4,919,953.99
			$5,734,149.93	$1,631,357.59	$7,365,507.52
# of Claims	1,211				
# Open	5	Recovery Amount:	-76,668.43		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense.....	.....		$139,823.85	$536.42	$140,360.27
Indemnity.....	.....		$1,710,225.73	$0.00	$1,710,225.73
Medical.....	.....		$3,960,981.65	$2,224,123.57	$6,185,105.22
			$5,811,031.23	$2,224,659.99	$8,035,691.22
# of Claims	1,283				
# Open	8	Recovery Amount:	-55,013.50		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$135,645.30	$7,962.42	$143,607.72
Indemnity.....	.....		$2,172,789.52	$0.00	$2,172,789.52
Medical.....	.....		$5,893,356.12	$1,348,817.01	$7,242,173.13
			$8,201,790.94	$1,356,779.43	$9,558,570.37
# of Claims	1,152				
# Open	8	Recovery Amount:	-261,538.20		
	07/01/2003 - 06/30/2004				
Expense.....	.....		$119,814.45	$56.46	$119,870.91
Indemnity.....	.....		$2,361,896.44	$0.00	$2,361,896.44
Medical.....	.....		$3,835,590.27	$1,510,083.93	$5,345,674.20
			$6,317,301.16	$1,510,140.39	$7,827,441.55
# of Claims	1,203				
# Open	8	Recovery Amount:	-74,755.49		
	07/01/2002 - 06/30/2003				
Expense.....	.....		$112,517.04	$169.80	$112,686.84
Indemnity.....	.....		$3,505,284.76	$0.00	$3,505,284.76
Medical.....	.....		$6,586,757.33	$1,093,409.12	$7,680,166.45
			$10,204,559.13	$1,093,578.92	$11,298,138.05
# of Claims	1,312				
# Open	11	Recovery Amount:	-31,259.38		
	07/01/2001 - 06/30/2002				
Expense.....	.....		$57,514.30	$582.85	$58,097.15
Indemnity.....	.....		$1,398,418.71	$0.00	$1,398,418.71
Medical.....	.....		$2,633,846.62	$796,282.55	$3,430,129.17
			$4,089,779.63	$796,865.40	$4,886,645.03
# of Claims	1,437				
# Open	5	Recovery Amount:	-19,327.80		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
Expense			**$86,171.18**	**$14,897.19**	**$101,068.37**
Indemnity			**$2,082,742.92**	**$0.00**	**$2,082,742.92**
Medical			**$5,277,559.15**	**$2,238,297.12**	**$7,515,856.27**
			$7,446,473.25	**$2,253,194.31**	**$9,699,667.56**
# of Claims	**1,562**				
# Open	**7**	**Recovery Amount:**	**-78,042.91**		
	07/01/1999 - 06/30/2000				
Expense			**$68,683.51**	**$64,878.49**	**$133,562.00**
Indemnity			**$2,772,294.27**	**$836,643.09**	**$3,608,937.36**
Medical			**$4,651,264.85**	**$1,454,734.81**	**$6,105,999.66**
			$7,492,242.63	**$2,356,256.39**	**$9,848,499.02**
# of Claims	**1,731**				
# Open	**9**	**Recovery Amount:**	**-35,867.90**		
	07/01/1998 - 06/30/1999				
Expense			**$45,305.73**	**$8,334.51**	**$53,640.24**
Indemnity			**$1,798,836.72**	**$0.00**	**$1,798,836.72**
Medical			**$4,420,257.24**	**$1,586,799.70**	**$6,007,056.94**
			$6,264,399.69	**$1,595,134.21**	**$7,859,533.90**
# of Claims	**1,835**				
# Open	**6**	**Recovery Amount:**	**-17,329.31**		
	07/01/1997 - 06/30/1998				
Expense			**$43,294.63**	**$6,303.19**	**$49,597.82**
Indemnity			**$3,602,721.31**	**$0.00**	**$3,602,721.31**
Medical			**$6,221,196.96**	**$2,045,662.14**	**$8,266,859.10**
			$9,867,212.90	**$2,051,965.33**	**$11,919,178.23**
# of Claims	**1,853**				
# Open	**6**	**Recovery Amount:**	**-54,963.39**		
	07/01/1996 - 06/30/1997				
Expense			**$14,756.18**	**$18.82**	**$14,775.00**
Indemnity			**$2,412,866.62**	**$0.00**	**$2,412,866.62**
Medical			**$5,939,589.76**	**$1,636,972.40**	**$7,576,562.16**
			$8,367,212.56	**$1,636,991.22**	**$10,004,203.78**
# of Claims	**2,208**				
# Open	**2**	**Recovery Amount:**	**-60,816.98**		

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
Expense.....	.....		$79,102.60	$30,185.92	$109,288.52
Indemnity.....	.....		$3,051,597.56	$0.00	$3,051,597.56
Medical.....	.....		$6,096,760.62	$1,314,649.00	$7,411,409.62
			$9,227,460.78	$1,344,834.92	$10,572,295.70
# of Claims	2,219				
# Open	8	Recovery Amount:	-114,690.90		
	07/01/1994 - 06/30/1995				
Expense.....	.....		$27,121.64	$2,756.46	$29,878.10
Indemnity.....	.....		$3,347,994.75	$462,419.70	$3,810,414.45
Medical.....	.....		$3,548,112.94	$762,732.58	$4,310,845.52
			$6,923,229.33	$1,227,908.74	$8,151,138.07
# of Claims	2,208				
# Open	4	Recovery Amount:	-37,400.22		
	07/01/1993 - 06/30/1994				
Expense.....	.....		$26,331.09	$56.46	$26,387.55
Indemnity.....	.....		$3,407,868.94	$0.00	$3,407,868.94
Medical.....	.....		$4,537,262.89	$305,972.80	$4,843,235.69
			$7,971,462.92	$306,029.26	$8,277,492.18
# of Claims	2,489				
# Open	5	Recovery Amount:	-20,574.24		
	07/01/1992 - 06/30/1993				
Expense.....	.....		$56,455.74	$79,446.23	$135,901.97
Indemnity.....	.....		$3,267,968.69	$0.00	$3,267,968.69
Medical.....	.....		$4,519,115.24	$745,275.78	$5,264,391.02
			$7,843,539.67	$824,722.01	$8,668,261.68
# of Claims	2,378				
# Open	3	Recovery Amount:	-5,513.81		
	07/01/1991 - 06/30/1992				
Expense.....	.....		$182,248.00	$37.64	$182,285.64
Indemnity.....	.....		$4,148,617.15	$0.00	$4,148,617.15
Medical.....	.....		$4,412,710.92	$139,394.36	$4,552,105.28
			$8,743,576.07	$139,432.00	$8,883,008.07
# of Claims	2,086				
# Open	2	Recovery Amount:	-41.25		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
Expense			**$95,908.05**	**$5,656.39**	**$101,564.44**
Indemnity			**$2,917,642.27**	**$505,443.77**	**$3,423,086.04**
Medical			**$3,669,190.32**	**$121,997.02**	**$3,791,187.34**
			$6,682,740.64	**$633,097.18**	**$7,315,837.82**
# of Claims	**1,823**				
# Open	**3**	**Recovery Amount:**	**-262.02**		
	07/01/1989 - 06/30/1990				
Expense			**$224,017.08**	**$47,458.51**	**$271,475.59**
Indemnity			**$4,363,811.97**	**$377,892.47**	**$4,741,704.44**
Medical			**$4,469,856.62**	**$512,895.73**	**$4,982,752.35**
			$9,057,685.67	**$938,246.71**	**$9,995,932.38**
# of Claims	**2,216**				
# Open	**5**	**Recovery Amount:**	**-3,266.74**		
	07/01/1988 - 06/30/1989				
Expense			**$167,492.40**	**$47,537.73**	**$215,030.13**
Indemnity			**$3,012,848.18**	**$0.00**	**$3,012,848.18**
Medical			**$3,971,844.68**	**$288,623.76**	**$4,260,468.44**
			$7,152,185.26	**$336,161.49**	**$7,488,346.75**
# of Claims	**1,958**				
# Open	**1**	**Recovery Amount:**	**-8,353.83**		
	07/01/1987 - 06/30/1988				
Expense			**$195,259.98**	**$37.64**	**$195,297.62**
Indemnity			**$2,193,152.21**	**$0.00**	**$2,193,152.21**
Medical			**$4,730,172.19**	**$1,401,110.42**	**$6,131,282.61**
			$7,118,584.38	**$1,401,148.06**	**$8,519,732.44**
# of Claims	**1,848**				
# Open	**2**	**Recovery Amount:**	**-29,507.09**		
	07/01/1986 - 06/30/1987				
Expense			**$166,345.85**	**$19,325.47**	**$185,671.32**
Indemnity			**$1,903,000.88**	**$0.00**	**$1,903,000.88**
Medical			**$2,050,925.80**	**$159,633.43**	**$2,210,559.23**
			$4,120,272.53	**$178,958.90**	**$4,299,231.43**
# of Claims	**1,737**				
# Open	**1**	**Recovery Amount:**	**-9,896.59**		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period	Paid to Date	Outstanding	Incurred

702 - Dept For Blind & Vision Impaired

Grand Totals for 702 - Dept For Blind & Vision Impaired	Paid to Date	Outstanding	Incurred
Expense.....	$52,188.32	$6,093.52	$58,281.84
Indemnity.....	$832,028.05	$2,115.00	$834,143.05
Medical.....	$1,451,962.45	$15,998.19	$1,467,960.64
	$2,336,178.82	$24,206.71	$2,360,385.53

# of Claims 1,135
 # Open 4 **Recovery Amount:** -$183,020.24

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$187.41	$6,093.52	$6,280.93
Indemnity.....	.....		$16,215.00	$2,115.00	$18,330.00
Medical.....	.....		$28,742.00	$15,998.19	$44,740.19
			$45,144.41	$24,206.71	$69,351.12
# of Claims	13				
# Open	4	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$61.16	$0.00	$61.16
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$4,120.70	$0.00	$4,120.70
			$4,181.86	$0.00	$4,181.86
# of Claims	10				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
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		
	07/01/2021 - 06/30/2022				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

702 - Dept For Blind & Vision Impaired

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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702 - Dept For Blind & Vision Impaired

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		
	07/01/2014 - 06/30/2015				
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**		
	07/01/2013 - 06/30/2014				
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**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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**		

702 - Dept For Blind & Vision Impaired

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
Expense.....	.....		$18,144.15	$0.00	$18,144.15
Indemnity.....	.....		$223,647.91	$0.00	$223,647.91
Medical.....	.....		$245,138.61	$0.00	$245,138.61
			$486,930.67	$0.00	$486,930.67
# of Claims	33				
# Open	0	Recovery Amount:	-553.53		
	07/01/2006 - 06/30/2007				
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		

702 - Dept For Blind & Vision Impaired

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

702 - Dept For Blind & Vision Impaired

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

702 - Dept For Blind & Vision Impaired

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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702 - Dept For Blind & Vision Impaired

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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702 - Dept For Blind & Vision Impaired

Policy	Policy Period	Paid to Date	Outstanding	Incurred

720 - Behavioral Health & Develop. Svcs.

Grand Totals for 720 - Behavioral Health & Develop. Svcs.	Paid to Date	Outstanding	Incurred
Expense.....	$6,736,431.04	$1,445,991.79	$8,182,422.83
Indemnity.....	$134,064,809.02	$9,655,564.17	$143,720,373.19
Medical.....	$205,310,817.31	$65,398,170.38	$270,708,987.69
	$346,112,057.37	$76,499,726.34	$422,611,783.71

# of Claims 86,773
 # Open 475 **Recovery Amount:** -$705,416.09

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$56,829.19	$171,645.27	$228,474.46
Indemnity.....	.....		$985,348.06	$2,047,136.20	$3,032,484.26
Medical.....	.....		$1,522,750.22	$2,601,448.34	$4,124,198.56
			$2,564,927.47	$4,820,229.81	$7,385,157.28
# of Claims	1,356				
# Open	159	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$116,833.31	$105,503.39	$222,336.70
Indemnity.....	.....		$1,772,553.41	$1,628,008.63	$3,400,562.04
Medical.....	.....		$2,326,217.03	$1,864,454.72	$4,190,671.75
			$4,215,603.75	$3,597,966.74	$7,813,570.49
# of Claims	1,533				
# Open	37	Recovery Amount:	-3,658.01		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$93,067.83	$32,705.76	$125,773.59
Indemnity.....	.....		$1,699,895.53	$1,263,463.89	$2,963,359.42
Medical.....	.....		$1,826,112.73	$2,078,316.54	$3,904,429.27
			$3,619,076.09	$3,374,486.19	$6,993,562.28
# of Claims	1,192				
# Open	15	Recovery Amount:	-2,816.89		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$78,341.66	$21,821.23	$100,162.89
Indemnity.....	.....		$1,786,704.17	$959,274.06	$2,745,978.23
Medical.....	.....		$2,237,021.43	$1,553,823.71	$3,790,845.14
			$4,102,067.26	$2,534,919.00	$6,636,986.26
# of Claims	1,209				

720 - Behavioral Health & Develop. Svcs.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	8	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$107,217.74	$37,608.58	$144,826.32
Indemnity.....	.....		$1,983,522.99	$812,356.29	$2,795,879.28
Medical.....	.....		$2,134,049.13	$581,822.22	$2,715,871.35
			$4,224,789.86	$1,431,787.09	$5,656,576.95
# of Claims	1,260				
# Open	13	Recovery Amount:	-127.58		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$139,385.67	$81,378.70	$220,764.37
Indemnity.....	.....		$2,817,819.01	$1,312,371.91	$4,130,190.92
Medical.....	.....		$4,101,028.84	$5,570,225.95	$9,671,254.79
			$7,058,233.52	$6,963,976.56	$14,022,210.08
# of Claims	1,530				
# Open	15	Recovery Amount:	-90.37		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$135,052.70	$19,218.94	$154,271.64
Indemnity.....	.....		$1,643,320.43	$324,896.76	$1,968,217.19
Medical.....	.....		$2,466,813.19	$424,715.99	$2,891,529.18
			$4,245,186.32	$768,831.69	$5,014,018.01
# of Claims	1,655				
# Open	8	Recovery Amount:	-47,847.18		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$112,682.68	$15,698.88	$128,381.56
Indemnity.....	.....		$2,268,695.77	$110,409.00	$2,379,104.77
Medical.....	.....		$3,167,731.57	$2,115,967.69	$5,283,699.26
			$5,549,110.02	$2,242,075.57	$7,791,185.59
# of Claims	1,726				
# Open	8	Recovery Amount:	-1,740.10		
	07/01/2016 - 06/30/2017				
Expense.....	.....		$386,554.73	$50,730.40	$437,285.13
Indemnity.....	.....		$5,435,328.65	$401,045.09	$5,836,373.74
Medical.....	.....		$5,193,789.83	$3,724,979.19	$8,918,769.02
			$11,015,673.21	$4,176,754.68	$15,192,427.89
# of Claims	1,811				
# Open	16	Recovery Amount:	0.00		

720 - Behavioral Health & Develop. Svcs.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense.....	.....		$170,378.10	$97,378.07	$267,756.17
Indemnity.....	.....		$4,041,520.57	$119,497.11	$4,161,017.68
Medical.....	.....		$6,388,431.23	$926,998.17	$7,315,429.40
			$10,600,329.90	$1,143,873.35	$11,744,203.25
# of Claims	2,102				
# Open	9	Recovery Amount:	-40,393.90		
	07/01/2014 - 06/30/2015				
Expense.....	.....		$183,682.11	$112,214.39	$295,896.50
Indemnity.....	.....		$4,264,608.51	$0.00	$4,264,608.51
Medical.....	.....		$5,314,793.86	$1,606,557.78	$6,921,351.64
			$9,763,084.48	$1,718,772.17	$11,481,856.65
# of Claims	2,278				
# Open	8	Recovery Amount:	-30,000.00		
	07/01/2013 - 06/30/2014				
Expense.....	.....		$180,513.74	$2,428.46	$182,942.20
Indemnity.....	.....		$4,197,206.49	$53,368.83	$4,250,575.32
Medical.....	.....		$5,876,992.08	$1,981,942.19	$7,858,934.27
			$10,254,712.31	$2,037,739.48	$12,292,451.79
# of Claims	2,242				
# Open	6	Recovery Amount:	-24,946.15		
	07/01/2012 - 06/30/2013				
Expense.....	.....		$118,947.44	$28,813.98	$147,761.42
Indemnity.....	.....		$2,389,301.63	$0.00	$2,389,301.63
Medical.....	.....		$3,812,771.47	$1,041,576.62	$4,854,348.09
			$6,321,020.54	$1,070,390.60	$7,391,411.14
# of Claims	2,186				
# Open	7	Recovery Amount:	-22,185.01		
	07/01/2011 - 06/30/2012				
Expense.....	.....		$237,256.62	$12,344.88	$249,601.50
Indemnity.....	.....		$4,705,938.50	$0.00	$4,705,938.50
Medical.....	.....		$6,549,581.72	$3,797,486.60	$10,347,068.32
			$11,492,776.84	$3,809,831.48	$15,302,608.32
# of Claims	2,408				
# Open	9	Recovery Amount:	-37,314.43		

720 - Behavioral Health & Develop. Svcs.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
Expense.....	.....		$165,916.84	$54,312.52	$220,229.36
Indemnity.....	.....		$2,446,085.24	$0.00	$2,446,085.24
Medical.....	.....		$5,070,330.33	$2,400,864.24	$7,471,194.57
			$7,682,332.41	$2,455,176.76	$10,137,509.17
# of Claims	2,693				
# Open	6	Recovery Amount:	-6,851.58		
	07/01/2009 - 06/30/2010				
Expense.....	.....		$265,412.61	$12,744.62	$278,157.23
Indemnity.....	.....		$4,707,541.93	$0.00	$4,707,541.93
Medical.....	.....		$7,158,908.80	$670,126.17	$7,829,034.97
			$12,131,863.34	$682,870.79	$12,814,734.13
# of Claims	2,700				
# Open	8	Recovery Amount:	-20,424.75		
	07/01/2008 - 06/30/2009				
Expense.....	.....		$159,292.00	$0.00	$159,292.00
Indemnity.....	.....		$2,341,353.29	$0.00	$2,341,353.29
Medical.....	.....		$4,122,616.41	$342,525.25	$4,465,141.66
			$6,623,261.70	$342,525.25	$6,965,786.95
# of Claims	2,776				
# Open	3	Recovery Amount:	-20,769.91		
	07/01/2007 - 06/30/2008				
Expense.....	.....		$221,004.45	$34,136.61	$255,141.06
Indemnity.....	.....		$2,542,505.84	$0.00	$2,542,505.84
Medical.....	.....		$5,339,834.77	$1,792,699.61	$7,132,534.38
			$8,103,345.06	$1,826,836.22	$9,930,181.28
# of Claims	2,738				
# Open	13	Recovery Amount:	-35,296.23		
	07/01/2006 - 06/30/2007				
Expense.....	.....		$301,008.41	$57.64	$301,066.05
Indemnity.....	.....		$4,374,597.35	$0.00	$4,374,597.35
Medical.....	.....		$6,852,701.26	$977,291.47	$7,829,992.73
			$11,528,307.02	$977,349.11	$12,505,656.13
# of Claims	2,762				
# Open	9	Recovery Amount:	-2,777.35		

720 - Behavioral Health & Develop. Svcs.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense.....	.....		$345,167.34	$270,703.01	$615,870.35
Indemnity.....	.....		$3,622,517.55	$623,736.38	$4,246,253.93
Medical.....	.....		$8,981,829.48	$2,461,009.06	$11,442,838.54
			$12,949,514.37	$3,355,448.45	$16,304,962.82
# of Claims	2,898				
# Open	9	Recovery Amount:	-3,291.01		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$266,485.71	$13,694.41	$280,180.12
Indemnity.....	.....		$3,984,432.54	$0.00	$3,984,432.54
Medical.....	.....		$6,047,754.40	$3,955,441.84	$10,003,196.24
			$10,298,672.65	$3,969,136.25	$14,267,808.90
# of Claims	2,678				
# Open	8	Recovery Amount:	-3,129.18		
	07/01/2003 - 06/30/2004				
Expense.....	.....		$206,581.59	$13,252.00	$219,833.59
Indemnity.....	.....		$3,387,971.71	$0.00	$3,387,971.71
Medical.....	.....		$5,042,623.57	$1,096,976.09	$6,139,599.66
			$8,637,176.87	$1,110,228.09	$9,747,404.96
# of Claims	3,010				
# Open	8	Recovery Amount:	-6,999.28		
	07/01/2002 - 06/30/2003				
Expense.....	.....		$176,521.10	$3,810.22	$180,331.32
Indemnity.....	.....		$5,126,991.14	$0.00	$5,126,991.14
Medical.....	.....		$4,604,040.32	$1,812,615.78	$6,416,656.10
			$9,907,552.56	$1,816,426.00	$11,723,978.56
# of Claims	2,962				
# Open	5	Recovery Amount:	-19,827.03		
	07/01/2001 - 06/30/2002				
Expense.....	.....		$171,300.93	$691.11	$171,992.04
Indemnity.....	.....		$5,246,071.95	$0.00	$5,246,071.95
Medical.....	.....		$5,917,402.71	$1,680,157.87	$7,597,560.58
			$11,334,775.59	$1,680,848.98	$13,015,624.57
# of Claims	3,466				
# Open	7	Recovery Amount:	-2,684.31		

720 - Behavioral Health & Develop. Svcs.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
Expense.....	.....		$123,123.50	$18,682.05	$141,805.55
Indemnity.....	.....		$4,191,671.90	$0.00	$4,191,671.90
Medical.....	.....		$5,376,202.35	$710,779.67	$6,086,982.02
			$9,690,997.75	$729,461.72	$10,420,459.47
# of Claims	2,890				
# Open	6	Recovery Amount:	-12,164.49		
	07/01/1999 - 06/30/2000				
Expense.....	.....		$129,388.72	$25,377.21	$154,765.93
Indemnity.....	.....		$2,956,309.91	$0.00	$2,956,309.91
Medical.....	.....		$4,401,078.97	$1,141,309.27	$5,542,388.24
			$7,486,777.60	$1,166,686.48	$8,653,464.08
# of Claims	1,899				
# Open	9	Recovery Amount:	-24,236.40		
	07/01/1998 - 06/30/1999				
Expense.....	.....		$81,924.38	$150.56	$82,074.94
Indemnity.....	.....		$3,235,927.76	$0.00	$3,235,927.76
Medical.....	.....		$6,341,163.56	$1,348,319.82	$7,689,483.38
			$9,659,015.70	$1,348,470.38	$11,007,486.08
# of Claims	1,607				
# Open	8	Recovery Amount:	-36,499.13		
	07/01/1997 - 06/30/1998				
Expense.....	.....		$117,186.17	$85,837.84	$203,024.01
Indemnity.....	.....		$4,163,587.50	$0.02	$4,163,587.52
Medical.....	.....		$7,986,727.43	$2,015,860.84	$10,002,588.27
			$12,267,501.10	$2,101,698.70	$14,369,199.80
# of Claims	1,947				
# Open	12	Recovery Amount:	-36,116.20		
	07/01/1996 - 06/30/1997				
Expense.....	.....		$78,125.59	$40,713.09	$118,838.68
Indemnity.....	.....		$4,135,578.18	$0.00	$4,135,578.18
Medical.....	.....		$8,139,535.22	$7,766,206.55	$15,905,741.77
			$12,353,238.99	$7,806,919.64	$20,160,158.63
# of Claims	2,015				
# Open	5	Recovery Amount:	-4,164.91		

720 - Behavioral Health & Develop. Svcs.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
Expense.....	.....		$30,860.29	$3,479.04	$34,339.33
Indemnity.....	.....		$2,948,718.33	$0.00	$2,948,718.33
Medical.....	.....		$7,131,287.81	$962,299.94	$8,093,587.75
			$10,110,866.43	$965,778.98	$11,076,645.41
# of Claims	1,877				
# Open	8	Recovery Amount:	-13,160.39		
	07/01/1994 - 06/30/1995				
Expense.....	.....		$36,272.03	$5,731.99	$42,004.02
Indemnity.....	.....		$3,626,013.89	$0.00	$3,626,013.89
Medical.....	.....		$5,035,724.06	$462,671.70	$5,498,395.76
			$8,698,009.98	$468,403.69	$9,166,413.67
# of Claims	2,036				
# Open	6	Recovery Amount:	-8,455.83		
	07/01/1993 - 06/30/1994				
Expense.....	.....		$28,461.26	$37.64	$28,498.90
Indemnity.....	.....		$4,276,552.82	$0.00	$4,276,552.82
Medical.....	.....		$6,290,737.52	$634,794.02	$6,925,531.54
			$10,595,751.60	$634,831.66	$11,230,583.26
# of Claims	2,211				
# Open	5	Recovery Amount:	-123,433.09		
	07/01/1992 - 06/30/1993				
Expense.....	.....		$54,185.07	$95.28	$54,280.35
Indemnity.....	.....		$3,964,386.63	$0.00	$3,964,386.63
Medical.....	.....		$8,148,263.14	$1,420,300.86	$9,568,564.00
			$12,166,834.84	$1,420,396.14	$13,587,230.98
# of Claims	2,350				
# Open	6	Recovery Amount:	-21,134.34		
	07/01/1991 - 06/30/1992				
Expense.....	.....		$258,888.84	$56,370.67	$315,259.51
Indemnity.....	.....		$3,862,121.54	$0.00	$3,862,121.54
Medical.....	.....		$5,643,174.17	$49,902.00	$5,693,076.17
			$9,764,184.55	$106,272.67	$9,870,457.22
# of Claims	2,415				
# Open	2	Recovery Amount:	-2,047.51		

720 - Behavioral Health & Develop. Svcs.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
Expense.....	.....		$230,968.19	$16,321.00	$247,289.19
Indemnity.....	.....		$3,666,409.70	$0.00	$3,666,409.70
Medical.....	.....		$7,009,989.72	$561,067.86	$7,571,057.58
			$10,907,367.61	$577,388.86	$11,484,756.47
# of Claims	2,399				
# Open	5	Recovery Amount:	-1,606.05		
	07/01/1989 - 06/30/1990				
Expense.....	.....		$280,203.70	$18.82	$280,222.52
Indemnity.....	.....		$5,154,421.47	$0.00	$5,154,421.47
Medical.....	.....		$8,483,488.71	$30,559.52	$8,514,048.23
			$13,918,113.88	$30,578.34	$13,948,692.22
# of Claims	2,471				
# Open	1	Recovery Amount:	-64,474.73		
	07/01/1988 - 06/30/1989				
Expense.....	.....		$345,290.92	$102.05	$345,392.97
Indemnity.....	.....		$4,479,699.19	$0.00	$4,479,699.19
Medical.....	.....		$4,611,943.64	$822,661.32	$5,434,604.96
			$9,436,933.75	$822,763.37	$10,259,697.12
# of Claims	2,532				
# Open	2	Recovery Amount:	-17,583.96		
	07/01/1987 - 06/30/1988				
Expense.....	.....		$327,067.58	$76.46	$327,144.04
Indemnity.....	.....		$3,028,546.72	$0.00	$3,028,546.72
Medical.....	.....		$5,195,042.92	$280,690.54	$5,475,733.46
			$8,550,657.22	$280,767.00	$8,831,424.22
# of Claims	2,593				
# Open	4	Recovery Amount:	-5,174.44		
	07/01/1986 - 06/30/1987				
Expense.....	.....		$219,050.30	$105.02	$219,155.32
Indemnity.....	.....		$2,603,031.22	$0.00	$2,603,031.22
Medical.....	.....		$3,460,331.71	$130,723.38	$3,591,055.09
			$6,282,413.23	$130,828.40	$6,413,241.63
# of Claims	2,360				
# Open	2	Recovery Amount:	-1,994.37		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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720 - Behavioral Health & Develop. Svcs.

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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721 - Virginia DBHDS Consigned Claims

Grand Totals for 721 - Virginia DBHDS Consigned Claims	Paid to Date	Outstanding	Incurred
Expense.....	$18.82	$5,000.00	$5,018.82
Indemnity.....	$584.66	$0.00	$584.66
Medical.....	$113,784.44	$147,067.15	$260,851.59
	$114,387.92	$152,067.15	$266,455.07

# of Claims 1

 # Open 1 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1977 - 06/30/1978				
Expense.....	.....		$18.82	$5,000.00	$5,018.82
Indemnity.....	.....		$584.66	$0.00	$584.66
Medical.....	.....		$113,784.44	$147,067.15	$260,851.59
			$114,387.92	$152,067.15	$266,455.07
# of Claims	1				
# Open	1	Recovery Amount:	0.00		

750 - CORRECT'AL EDUCATION, DEPT. OF

Grand Totals for 750 - CORRECT'AL EDUCATION, DEPT. OF	Paid to Date	Outstanding	Incurred
Expense.....	$76,966.59	$86,998.19	$163,964.78
Indemnity.....	$2,495,209.34	$0.00	$2,495,209.34
Medical.....	$3,340,358.89	$706,714.32	$4,047,073.21
	$5,912,534.82	$793,712.51	$6,706,247.33

# of Claims 1,060
 # Open 5 **Recovery Amount:** -$38,390.70

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2011 - 06/30/2012				
Expense.....	.....		$414.70	$0.00	$414.70
Indemnity.....	.....		$9,958.18	$0.00	$9,958.18
Medical.....	.....		$106,808.74	$0.00	$106,808.74
			$117,181.62	$0.00	$117,181.62
# of Claims	35				
# Open	0	Recovery Amount:	0.00		
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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				

750 - CORRECT'AL EDUCATION, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
Expense.....	.....		$20,931.09	$18.82	$20,949.91
Indemnity.....	.....		$427,167.33	$0.00	$427,167.33
Medical.....	.....		$164,300.92	$70,647.89	$234,948.81
			$612,399.34	$70,666.71	$683,066.05
# of Claims	39				
# Open	1	Recovery Amount:	0.00		
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		

750 - CORRECT'AL EDUCATION, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2002 - 06/30/2003				
Expense.....	.....		$3,203.90	$3,918.69	$7,122.59
Indemnity.....	.....		$219,078.51	$0.00	$219,078.51
Medical.....	.....		$337,377.35	$25,017.75	$362,395.10
			$559,659.76	$28,936.44	$588,596.20
# of Claims	49				
# Open	1	Recovery Amount:	0.00		
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
Expense.....	.....		$21,790.31	$83,041.86	$104,832.17
Indemnity.....	.....		$448,499.37	$0.00	$448,499.37
Medical.....	.....		$761,258.44	$596,917.88	$1,358,176.32
			$1,231,548.12	$679,959.74	$1,911,507.86
# of Claims	58				
# Open	2	Recovery Amount:	-7,523.30		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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750 - CORRECT'AL EDUCATION, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1997 - 06/30/1998				
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**		
	07/01/1996 - 06/30/1997				
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**		
	07/01/1995 - 06/30/1996				
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**		
	07/01/1994 - 06/30/1995				
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**		
	07/01/1993 - 06/30/1994				
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**		

750 - CORRECT'AL EDUCATION, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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750 - CORRECT'AL EDUCATION, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
Expense	.....		**$16,765.93**	**$18.82**	**$16,784.75**
Indemnity	.....		**$6,841.10**	**$0.00**	**$6,841.10**
Medical	.....		**$219,303.76**	**$14,130.80**	**$233,434.56**
			$242,910.79	**$14,149.62**	**$257,060.41**
# of Claims	**42**				
# Open	**1**	**Recovery Amount:**	**0.00**		

751 - DEAF & HARD/HEARING, DEPT. OF

Grand Totals for 751 - DEAF & HARD/HEARING, DEPT. OF	Paid to Date	Outstanding	Incurred
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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2014 - 06/30/2015				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		
	07/01/2009 - 06/30/2010				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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751 - DEAF & HARD/HEARING, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2003 - 06/30/2004				
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		
	07/01/2001 - 06/30/2002				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		

762 - Rights of Virginians wDisabilities

Grand Totals for 762 - Rights of Virginians wDisabilities	Paid to Date	Outstanding	Incurred
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	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2001 - 06/30/2002				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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				

762 - Rights of Virginians wDisabilities

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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762 - Rights of Virginians wDisabilities

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1991 - 06/30/1992				
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**		
	07/01/1990 - 06/30/1991				
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**		
	07/01/1988 - 06/30/1989				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

765 - SOCIAL SERVICES, DEPT. OF

Grand Totals for 765 - SOCIAL SERVICES, DEPT. OF	Paid to Date	Outstanding	Incurred
Expense.....	$51,343.84	$2,632.14	$53,975.98
Indemnity.....	$2,882,498.71	$5,000.00	$2,887,498.71
Medical.....	$3,702,607.94	$986,524.86	$4,689,132.80
	$6,636,450.49	$994,157.00	$7,630,607.49

# of Claims	1,612		
# Open	5	Recovery Amount:	-$189,614.91

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$556.46	$100.00	$656.46
Indemnity.....	.....		$0.00	$5,000.00	$5,000.00
Medical.....	.....		$2,376.51	$7,500.00	$9,876.51
			$2,932.97	$12,600.00	$15,532.97
# of Claims	4				
# Open	1	Recovery Amount:	-500.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$111.63	$0.00	$111.63
Indemnity.....	.....		$989.41	$0.00	$989.41
Medical.....	.....		$3,705.17	$0.00	$3,705.17
			$4,806.21	$0.00	$4,806.21
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
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		
	07/01/2021 - 06/30/2022				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	-1,539.20		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$86.05	$0.00	$86.05
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$12,146.58	$0.00	$12,146.58
			$12,232.63	$0.00	$12,232.63
# of Claims	16				
# Open	0	Recovery Amount:	0.00		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		

765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
Expense.....	.....		$2,407.44	$2,457.32	$4,864.76
Indemnity.....	.....		$17,654.37	$0.00	$17,654.37
Medical.....	.....		$309,335.18	$613,832.90	$923,168.08
			$329,396.99	$616,290.22	$945,687.21
# of Claims	27				
# Open	1	Recovery Amount:	-3,045.86		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
Expense.....	.....		$6,118.63	$18.82	$6,137.45
Indemnity.....	.....		$239,450.14	$0.00	$239,450.14
Medical.....	.....		$440,143.40	$54,300.95	$494,444.35
			$685,712.17	$54,319.77	$740,031.94
# of Claims	44				
# Open	1	Recovery Amount:	0.00		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
Expense.....	.....		$5,341.00	$0.00	$5,341.00
Indemnity.....	.....		$107,825.45	$0.00	$107,825.45
Medical.....	.....		$268,220.74	$0.00	$268,220.74
			$381,387.19	$0.00	$381,387.19
# of Claims	69				
# Open	0	Recovery Amount:	-10,000.00		
	07/01/2002 - 06/30/2003				
Expense.....	.....		$12,531.31	$56.00	$12,587.31
Indemnity.....	.....		$158,323.26	$0.00	$158,323.26
Medical.....	.....		$515,072.92	$281,710.58	$796,783.50
			$685,927.49	$281,766.58	$967,694.07
# of Claims	48				
# Open	1	Recovery Amount:	-6,244.18		
	07/01/2001 - 06/30/2002				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
Expense.....	.....		$2,706.25	$0.00	$2,706.25
Indemnity.....	.....		$196,963.47	$0.00	$196,963.47
Medical.....	.....		$307,455.07	$29,180.43	$336,635.50
			$507,124.79	$29,180.43	$536,305.22
# of Claims	62				
# Open	1	Recovery Amount:	-4,438.87		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		

765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

766 - VIRGINIA PAROLE BOARD

Grand Totals for 766 - VIRGINIA PAROLE BOARD	Paid to Date	Outstanding	Incurred
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	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2022 - 06/30/2023				
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		
	07/01/2021 - 06/30/2022				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2015 - 06/30/2016				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

766 - VIRGINIA PAROLE BOARD

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1995 - 06/30/1996				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

766 - VIRGINIA PAROLE BOARD

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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		
	07/01/1990 - 06/30/1991				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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766 - VIRGINIA PAROLE BOARD

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		

777 - DEPT. OF JUVENILE JUSTICE

Grand Totals for 777 - DEPT. OF JUVENILE JUSTICE	Paid to Date	Outstanding	Incurred
Expense.....	$1,286,981.05	$209,890.84	$1,496,871.89
Indemnity.....	$25,463,711.62	$2,110,422.12	$27,574,133.74
Medical.....	$37,818,303.78	$7,494,922.14	$45,313,225.92
	$64,568,996.45	$9,815,235.10	$74,384,231.55

# of Claims 10,054
 # Open 88 **Recovery Amount:** -$166,360.12

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$10,338.22	$47,578.15	$57,916.37
Indemnity.....	.....		$119,862.25	$183,463.02	$303,325.27
Medical.....	.....		$204,243.07	$190,694.06	$394,937.13
			$334,443.54	$421,735.23	$756,178.77
# of Claims	154				
# Open	41	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$29,903.58	$14,674.82	$44,578.40
Indemnity.....	.....		$292,756.68	$268,363.96	$561,120.64
Medical.....	.....		$496,267.85	$116,027.40	$612,295.25
			$818,928.11	$399,066.18	$1,217,994.29
# of Claims	150				
# Open	8	Recovery Amount:	-1,074.56		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$46,975.26	$5,267.87	$52,243.13
Indemnity.....	.....		$312,872.29	$221,608.49	$534,480.78
Medical.....	.....		$548,401.81	$87,895.31	$636,297.12
			$908,249.36	$314,771.67	$1,223,021.03
# of Claims	133				
# Open	2	Recovery Amount:	-4,242.90		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$21,616.64	$0.00	$21,616.64
Indemnity.....	.....		$82,780.22	$0.00	$82,780.22
Medical.....	.....		$178,820.01	$0.00	$178,820.01
			$283,216.87	$0.00	$283,216.87
# of Claims	100				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$71,582.44	$0.00	$71,582.44
Indemnity.....	.....		$189,559.99	$0.00	$189,559.99
Medical.....	.....		$344,714.08	$139,468.72	$484,182.80
			$605,856.51	$139,468.72	$745,325.23
# of Claims	91				
# Open	1	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$48,534.76	$0.00	$48,534.76
Indemnity.....	.....		$285,566.07	$0.00	$285,566.07
Medical.....	.....		$332,867.37	$0.00	$332,867.37
			$666,968.20	$0.00	$666,968.20
# of Claims	127				
# Open	0	Recovery Amount:	-6,480.65		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$54,825.35	$6,848.41	$61,673.76
Indemnity.....	.....		$615,841.33	$176,366.61	$792,207.94
Medical.....	.....		$800,105.35	$910,743.65	$1,710,849.00
			$1,470,772.03	$1,093,958.67	$2,564,730.70
# of Claims	148				
# Open	2	Recovery Amount:	0.00		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$25,910.22	$41,126.83	$67,037.05
Indemnity.....	.....		$415,253.78	$333,177.49	$748,431.27
Medical.....	.....		$659,238.07	$328,156.86	$987,394.93
			$1,100,402.07	$702,461.18	$1,802,863.25
# of Claims	144				
# Open	3	Recovery Amount:	-8,216.58		
	07/01/2016 - 06/30/2017				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense.....	.....		$33,941.82	$2,409.64	$36,351.46
Indemnity.....	.....		$542,019.02	$16,551.25	$558,570.27
Medical.....	.....		$1,289,508.08	$182,016.25	$1,471,524.33
			$1,865,468.92	$200,977.14	$2,066,446.06
# of Claims	273				
# Open	2	Recovery Amount:	-4,462.99		
	07/01/2014 - 06/30/2015				
Expense.....	.....		$65,146.83	$3,456.35	$68,603.18
Indemnity.....	.....		$1,009,328.41	$2,455.14	$1,011,783.55
Medical.....	.....		$928,642.27	$168,938.98	$1,097,581.25
			$2,003,117.51	$174,850.47	$2,177,967.98
# of Claims	338				
# Open	2	Recovery Amount:	-51.14		
	07/01/2013 - 06/30/2014				
Expense.....	.....		$78,608.34	$37.64	$78,645.98
Indemnity.....	.....		$1,415,217.03	$0.00	$1,415,217.03
Medical.....	.....		$1,262,817.53	$353,212.36	$1,616,029.89
			$2,756,642.90	$353,250.00	$3,109,892.90
# of Claims	318				
# Open	2	Recovery Amount:	-10,096.28		
	07/01/2012 - 06/30/2013				
Expense.....	.....		$40,322.15	$18.82	$40,340.97
Indemnity.....	.....		$412,384.77	$0.00	$412,384.77
Medical.....	.....		$1,593,983.96	$118,212.42	$1,712,196.38
			$2,046,690.88	$118,231.24	$2,164,922.12
# of Claims	442				
# Open	1	Recovery Amount:	-5,257.99		
	07/01/2011 - 06/30/2012				
Expense.....	.....		$23,969.74	$0.00	$23,969.74
Indemnity.....	.....		$775,387.47	$0.00	$775,387.47
Medical.....	.....		$1,251,309.58	$36,627.18	$1,287,936.76
			$2,050,666.79	$36,627.18	$2,087,293.97
# of Claims	310				
# Open	1	Recovery Amount:	-10,388.28		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
Expense.....	.....		$104,198.00	$0.00	$104,198.00
Indemnity.....	.....		$1,941,785.53	$0.00	$1,941,785.53
Medical.....	.....		$1,989,588.18	$0.00	$1,989,588.18
			$4,035,571.71	$0.00	$4,035,571.71
# of Claims	364				
# Open	0	Recovery Amount:	-3,624.93		
	07/01/2009 - 06/30/2010				
Expense.....	.....		$49,259.80	$0.00	$49,259.80
Indemnity.....	.....		$817,382.01	$0.00	$817,382.01
Medical.....	.....		$985,067.31	$17,231.99	$1,002,299.30
			$1,851,709.12	$17,231.99	$1,868,941.11
# of Claims	389				
# Open	1	Recovery Amount:	-27,556.18		
	07/01/2008 - 06/30/2009				
Expense.....	.....		$62,210.81	$192.00	$62,402.81
Indemnity.....	.....		$1,584,217.26	$0.00	$1,584,217.26
Medical.....	.....		$2,226,254.41	$257,925.15	$2,484,179.56
			$3,872,682.48	$258,117.15	$4,130,799.63
# of Claims	321				
# Open	1	Recovery Amount:	-3,996.65		
	07/01/2007 - 06/30/2008				
Expense.....	.....		$55,195.47	$18.82	$55,214.29
Indemnity.....	.....		$741,514.26	$0.00	$741,514.26
Medical.....	.....		$2,111,571.67	$359,556.02	$2,471,127.69
			$2,908,281.40	$359,574.84	$3,267,856.24
# of Claims	339				
# Open	3	Recovery Amount:	-5,297.11		
	07/01/2006 - 06/30/2007				
Expense.....	.....		$39,804.37	$5,831.17	$45,635.54
Indemnity.....	.....		$719,272.65	$0.00	$719,272.65
Medical.....	.....		$1,317,033.08	$511,146.49	$1,828,179.57
			$2,076,110.10	$516,977.66	$2,593,087.76
# of Claims	330				
# Open	2	Recovery Amount:	-13,441.82		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense.....	.....		$48,881.23	$0.00	$48,881.23
Indemnity.....	.....		$753,596.85	$0.00	$753,596.85
Medical.....	.....		$1,321,474.83	$1,619,511.02	$2,940,985.85
			$2,123,952.91	$1,619,511.02	$3,743,463.93
# of Claims	374				
# Open	1	Recovery Amount:	0.00		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$91,709.46	$39,726.10	$131,435.56
Indemnity.....	.....		$1,612,139.15	$507,668.88	$2,119,808.03
Medical.....	.....		$1,322,911.26	$87,572.41	$1,410,483.67
			$3,026,759.87	$634,967.39	$3,661,727.26
# of Claims	410				
# Open	3	Recovery Amount:	-312.30		
	07/01/2003 - 06/30/2004				
Expense.....	.....		$66,427.41	$35,898.97	$102,326.38
Indemnity.....	.....		$1,695,752.52	$400,767.28	$2,096,519.80
Medical.....	.....		$1,490,246.65	$65,500.56	$1,555,747.21
			$3,252,426.58	$502,166.81	$3,754,593.39
# of Claims	374				
# Open	2	Recovery Amount:	0.00		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
Expense.....	.....		$24,635.54	$200.00	$24,835.54
Indemnity.....	.....		$992,345.15	$0.00	$992,345.15
Medical.....	.....		$1,300,039.17	$60,664.81	$1,360,703.98
			$2,317,019.86	$60,864.81	$2,377,884.67
# of Claims	363				
# Open	1	Recovery Amount:	-87.65		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
Expense.....	.....		$45,230.29	$37.64	$45,267.93
Indemnity.....	.....		$1,661,933.17	$0.00	$1,661,933.17
Medical.....	.....		$2,124,984.35	$399,344.62	$2,524,328.97
			$3,832,147.81	$399,382.26	$4,231,530.07
# of Claims	445				
# Open	2	Recovery Amount:	-848.06		
	07/01/1999 - 06/30/2000				
Expense.....	.....		$13,321.58	$0.00	$13,321.58
Indemnity.....	.....		$688,629.14	$0.00	$688,629.14
Medical.....	.....		$1,011,763.74	$0.00	$1,011,763.74
			$1,713,714.46	$0.00	$1,713,714.46
# of Claims	465				
# Open	0	Recovery Amount:	-5,788.65		
	07/01/1998 - 06/30/1999				
Expense.....	.....		$11,285.26	$18.82	$11,304.08
Indemnity.....	.....		$1,313,254.82	$0.00	$1,313,254.82
Medical.....	.....		$2,105,827.62	$1,185,151.93	$3,290,979.55
			$3,430,367.70	$1,185,170.75	$4,615,538.45
# of Claims	432				
# Open	3	Recovery Amount:	-5,228.77		
	07/01/1997 - 06/30/1998				
Expense.....	.....		$3,697.61	$0.00	$3,697.61
Indemnity.....	.....		$340,346.10	$0.00	$340,346.10
Medical.....	.....		$594,990.63	$36,126.94	$631,117.57
			$939,034.34	$36,126.94	$975,161.28
# of Claims	377				
# Open	1	Recovery Amount:	-1,266.47		
	07/01/1996 - 06/30/1997				
Expense.....	.....		$9,348.56	$0.00	$9,348.56
Indemnity.....	.....		$488,776.45	$0.00	$488,776.45
Medical.....	.....		$1,246,107.82	$0.00	$1,246,107.82
			$1,744,232.83	$0.00	$1,744,232.83
# of Claims	271				
# Open	0	Recovery Amount:	-3,829.63		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
Expense.....	.....		$2,925.46	$0.00	$2,925.46
Indemnity.....	.....		$564,701.00	$0.00	$564,701.00
Medical.....	.....		$1,102,342.01	$0.00	$1,102,342.01
			$1,669,968.47	$0.00	$1,669,968.47
# of Claims	279				
# Open	0	Recovery Amount:	-10,783.09		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
Expense.....	.....		$1,016.49	$18.82	$1,035.31
Indemnity.....	.....		$289,929.32	$0.00	$289,929.32
Medical.....	.....		$269,055.77	$37,166.38	$306,222.15
			$560,001.58	$37,185.20	$597,186.78
# of Claims	270				
# Open	1	Recovery Amount:	-4,755.57		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
Expense.....	.....		$46,508.73	$6,529.97	$53,038.70
Indemnity.....	.....		$839,022.49	$0.00	$839,022.49
Medical.....	.....		$1,228,205.21	$226,030.63	$1,454,235.84
			$2,113,736.43	$232,560.60	$2,346,297.03
# of Claims	281				
# Open	1	Recovery Amount:	-157.00		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
Expense			**$30,498.89**	**$0.00**	**$30,498.89**
Indemnity			**$400,510.43**	**$0.00**	**$400,510.43**
Medical			**$1,441,167.46**	**$0.00**	**$1,441,167.46**
			$1,872,176.78	**$0.00**	**$1,872,176.78**
# of Claims	**246**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/1989 - 06/30/1990				
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**		

778 - Department of Forensic Science

Grand Totals for 778 - Department of Forensic Science	Paid to Date	Outstanding	Incurred
Expense.....	$854.02	$7,203.64	$8,057.66
Indemnity.....	$194,962.69	$59,089.01	$254,051.70
Medical.....	$363,986.95	$21,636.35	$385,623.30
	$559,803.66	$87,929.00	$647,732.66

# of Claims 237
 # Open 3 **Recovery Amount:** -$430.05

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$68.82	$68.82
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$9,097.27	$5,465.98	$14,563.25
			$9,097.27	$5,534.80	$14,632.07
# of Claims	9				
# Open	1	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$0.00	$0.00	$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		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$6,002.46	$0.00	$6,002.46
			$6,002.46	$0.00	$6,002.46
# of Claims	13				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

778 - Department of Forensic Science

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$144.30	$7,116.00	$7,260.30
Indemnity.....	.....		$151,046.07	$59,089.01	$210,135.08
Medical.....	.....		$63,455.85	$5,000.00	$68,455.85
			$214,646.22	$71,205.01	$285,851.23
# of Claims	17				
# Open	1	Recovery Amount:	0.00		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$244.27	$0.00	$244.27
Indemnity.....	.....		$2,826.33	$0.00	$2,826.33
Medical.....	.....		$127,383.09	$0.00	$127,383.09
			$130,453.69	$0.00	$130,453.69
# of Claims	12				
# Open	0	Recovery Amount:	0.00		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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778 - Department of Forensic Science

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		
	07/01/2014 - 06/30/2015				
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**		
	07/01/2013 - 06/30/2014				
Expense	.....		**$32.00**	**$18.82**	**$50.82**
Indemnity	.....		**$0.00**	**$0.00**	**$0.00**
Medical	.....		**$67,907.51**	**$11,170.37**	**$79,077.88**
			$67,939.51	**$11,189.19**	**$79,128.70**
# of Claims	**16**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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778 - Department of Forensic Science

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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**		
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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778 - Department of Forensic Science

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

835 - PUBLIC & INTERGOVT AFFAIRS, OFF

Grand Totals for 835 - PUBLIC & INTERGOVT AFFAIRS, OFF	Paid to Date	Outstanding	Incurred
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	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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839 - YOUTH SERVICES COMMISSION

Grand Totals for 839 - YOUTH SERVICES COMMISSION	Paid to Date	Outstanding	Incurred
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**

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2011 - 06/30/2012				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

841 - AVIATION, DEPT. OF

Grand Totals for 841 - AVIATION, DEPT. OF	Paid to Date	Outstanding	Incurred
Expense.....	$7,775.86	$530.00	$8,305.86
Indemnity.....	$47,791.35	$0.00	$47,791.35
Medical.....	$268,715.61	$75,787.76	$344,503.37
	$324,282.82	$76,317.76	$400,600.58

# of Claims	59		
# Open	2	Recovery Amount:	$0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$50.00	$50.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$6,854.54	$1,477.18	$8,331.72
			$6,854.54	$1,527.18	$8,381.72
# of Claims	6				
# Open	1	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

841 - AVIATION, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2016 - 06/30/2017				
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		
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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841 - AVIATION, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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**		
	07/01/2009 - 06/30/2010				
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**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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841 - AVIATION, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2001 - 06/30/2002				
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**		
	07/01/2000 - 06/30/2001				
Expense			**$814.33**	**$480.00**	**$1,294.33**
Indemnity			**$26,696.39**	**$0.00**	**$26,696.39**
Medical			**$137,023.76**	**$74,310.58**	**$211,334.34**
			$164,534.48	**$74,790.58**	**$239,325.06**
# of Claims	**1**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/1998 - 06/30/1999				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

841 - AVIATION, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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841 - AVIATION, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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**		
	07/01/1988 - 06/30/1989				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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842 - CHESAPEAKE BAY COMMISSION

Grand Totals for 842 - CHESAPEAKE BAY COMMISSION			Paid to Date	Outstanding	Incurred
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	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

848 - VA Indigent Defense Commission

Grand Totals for 848 - VA Indigent Defense Commission	Paid to Date	Outstanding	Incurred
Expense.....	$3,553.47	$31.18	$3,584.65
Indemnity.....	$193,687.54	$0.00	$193,687.54
Medical.....	$254,716.61	$978.77	$255,695.38
	$451,957.62	$1,009.95	$452,967.57

# of Claims	110		
# Open	2	Recovery Amount:	-$18,154.17

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$103.01	$31.18	$134.19
Indemnity.....	.....		$8,440.01	$0.00	$8,440.01
Medical.....	.....		$1,394.84	$978.77	$2,373.61
			$9,937.86	$1,009.95	$10,947.81
# of Claims	7				
# Open	2	Recovery Amount:	-221.23		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$49.17	$0.00	$49.17
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$49.17	$0.00	$49.17
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
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				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

848 - VA Indigent Defense Commission

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
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		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

848 - VA Indigent Defense Commission

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
Expense.....	.....		$899.36	$0.00	$899.36
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$8,773.38	$0.00	$8,773.38
			$9,672.74	$0.00	$9,672.74
# of Claims	3				
# Open	0	Recovery Amount:	0.00		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

848 - VA Indigent Defense Commission

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

848 - VA Indigent Defense Commission

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

848 - VA Indigent Defense Commission

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

848 - VA Indigent Defense Commission

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1988 - 06/30/1989				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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861 - VEAP

Grand Totals for 861 - VEAP	Paid to Date	Outstanding	Incurred
Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$0.00**	**$0.00**	**$0.00**
	$0.00	**$0.00**	**$0.00**

# of Claims **1**

 # Open **0** **Recovery Amount:** **$0.00**

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2007 - 06/30/2008				
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**		

912 - Department of Veterans Services

Grand Totals for 912 - Department of Veterans Services	Paid to Date	Outstanding	Incurred
Expense.....	$201,474.16	$5,848.62	$207,322.78
Indemnity.....	$3,266,669.72	$34,055.41	$3,300,725.13
Medical.....	$6,061,248.92	$1,034,440.26	$7,095,689.18
	$9,529,392.80	$1,074,344.29	$10,603,737.09

# of Claims 2,564
 # Open 19 **Recovery Amount:** -$14,357.64

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$7,664.87	$5,773.34	$13,438.21
Indemnity.....	.....		$44,553.41	$30,190.05	$74,743.46
Medical.....	.....		$49,268.41	$62,574.43	$111,842.84
			$101,486.69	$98,537.82	$200,024.51
# of Claims	74				
# Open	12	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$5,489.21	$0.00	$5,489.21
Indemnity.....	.....		$50,511.16	$0.00	$50,511.16
Medical.....	.....		$60,369.54	$0.00	$60,369.54
			$116,369.91	$0.00	$116,369.91
# of Claims	77				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$4,016.95	$0.00	$4,016.95
Indemnity.....	.....		$96,959.99	$0.00	$96,959.99
Medical.....	.....		$102,766.59	$0.00	$102,766.59
			$203,743.53	$0.00	$203,743.53
# of Claims	90				
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$7,145.67	$0.00	$7,145.67
Indemnity.....	.....		$47,750.43	$0.00	$47,750.43
Medical.....	.....		$98,624.10	$0.00	$98,624.10
			$153,520.20	$0.00	$153,520.20
# of Claims	68				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

912 - Department of Veterans Services

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$3,754.49	$0.00	$3,754.49
Indemnity.....	.....		$63,932.86	$0.00	$63,932.86
Medical.....	.....		$167,373.52	$0.00	$167,373.52
			$235,060.87	$0.00	$235,060.87
# of Claims	100				
# Open	0	Recovery Amount:	0.00		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$11,236.64	$37.64	$11,274.28
Indemnity.....	.....		$99,537.32	$0.00	$99,537.32
Medical.....	.....		$369,904.65	$169,955.57	$539,860.22
			$480,678.61	$169,993.21	$650,671.82
# of Claims	122				
# Open	1	Recovery Amount:	0.00		
	07/01/2016 - 06/30/2017				
Expense.....	.....		$117.59	$0.00	$117.59
Indemnity.....	.....		$32,999.95	$0.00	$32,999.95
Medical.....	.....		$80,301.83	$0.00	$80,301.83
			$113,419.37	$0.00	$113,419.37
# of Claims	139				
# Open	0	Recovery Amount:	0.00		

912 - Department of Veterans Services

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense.....	.....		$42,757.11	$0.00	$42,757.11
Indemnity.....	.....		$883,429.25	$3,865.36	$887,294.61
Medical.....	.....		$506,435.57	$9,831.71	$516,267.28
			$1,432,621.93	$13,697.07	$1,446,319.00
# of Claims	167				
# Open	1	Recovery Amount:	-100.00		
	07/01/2014 - 06/30/2015				
Expense.....	.....		$7,500.53	$0.00	$7,500.53
Indemnity.....	.....		$80,630.06	$0.00	$80,630.06
Medical.....	.....		$185,267.55	$0.00	$185,267.55
			$273,398.14	$0.00	$273,398.14
# of Claims	171				
# Open	0	Recovery Amount:	0.00		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
Expense.....	.....		$1,293.81	$0.00	$1,293.81
Indemnity.....	.....		$23,717.53	$0.00	$23,717.53
Medical.....	.....		$208,223.79	$74,495.53	$282,719.32
			$233,235.13	$74,495.53	$307,730.66
# of Claims	142				
# Open	1	Recovery Amount:	-288.02		

912 - Department of Veterans Services

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
Expense.....	.....		$12,021.96	$0.00	$12,021.96
Indemnity.....	.....		$80,410.07	$0.00	$80,410.07
Medical.....	.....		$552,128.83	$0.00	$552,128.83
			$644,560.86	$0.00	$644,560.86
# of Claims	143				
# Open	0	Recovery Amount:	0.00		
	07/01/2008 - 06/30/2009				
Expense.....	.....		$10,323.32	$0.00	$10,323.32
Indemnity.....	.....		$171,623.32	$0.00	$171,623.32
Medical.....	.....		$181,513.65	$0.00	$181,513.65
			$363,460.29	$0.00	$363,460.29
# of Claims	139				
# Open	0	Recovery Amount:	0.00		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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912 - Department of Veterans Services

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense	.....		**$18,303.45**	**$0.00**	**$18,303.45**
Indemnity	.....		**$171,120.87**	**$0.00**	**$171,120.87**
Medical	.....		**$664,434.07**	**$416,501.31**	**$1,080,935.38**
			$853,858.39	**$416,501.31**	**$1,270,359.70**
# of Claims	**106**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
Expense	.....		**$13,595.46**	**$37.64**	**$13,633.10**
Indemnity	.....		**$277,535.35**	**$0.00**	**$277,535.35**
Medical	.....		**$851,576.59**	**$271,399.92**	**$1,122,976.51**
			$1,142,707.40	**$271,437.56**	**$1,414,144.96**
# of Claims	**108**				
# Open	**2**	**Recovery Amount:**	**0.00**		

916 - GOV'RS EMPL/TRAIN COUN, DEPT OF

Grand Totals for 916 - GOV'RS EMPL/TRAIN COUN, DEPT OF	Paid to Date	Outstanding	Incurred
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	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1997 - 06/30/1998				
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		
	07/01/1995 - 06/30/1996				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1990 - 06/30/1991				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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916 - GOV'RS EMPL/TRAIN COUN, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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934 - INNOVATIVE TECH., AUTHORITY FOR

Grand Totals for 934 - INNOVATIVE TECH., AUTHORITY FOR	Paid to Date	Outstanding	Incurred
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	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1991 - 06/30/1992				
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**		

937 - Southern VA Higher Education Ctr.

Grand Totals for 937 - Southern VA Higher Education Ctr.	Paid to Date	Outstanding	Incurred
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 4
 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
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		
	07/01/2016 - 06/30/2017				
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		
	07/01/2012 - 06/30/2013				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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937 - Southern VA Higher Education Ctr.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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938 - The New College Institute

Grand Totals for 938 - The New College Institute	Paid to Date	Outstanding	Incurred
Expense.....	$0.00	$0.00	$0.00
Indemnity.....	$0.00	$0.00	$0.00
Medical.....	$0.00	$0.00	$0.00
	$0.00	$0.00	$0.00

# of Claims 2

 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2019 - 06/30/2020				
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		
	07/01/2007 - 06/30/2008				
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		

942 - VA MUSEUM OF NATURAL HISTORY

Grand Totals for 942 - VA MUSEUM OF NATURAL HISTORY	Paid to Date	Outstanding	Incurred
Expense.....	$554.13	$0.00	$554.13
Indemnity.....	$51,990.81	$0.00	$51,990.81
Medical.....	$208,445.66	$0.00	$208,445.66
	$260,990.60	$0.00	$260,990.60

# of Claims 103
 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2021 - 06/30/2022				
Expense.....	.....		$8.00	$0.00	$8.00
Indemnity.....	.....		$2,219.29	$0.00	$2,219.29
Medical.....	.....		$48,709.80	$0.00	$48,709.80
			$50,937.09	$0.00	$50,937.09
# of Claims	1				
# Open	0	**Recovery Amount:**	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$16.00	$0.00	$16.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$2,130.50	$0.00	$2,130.50
			$2,146.50	$0.00	$2,146.50
# of Claims	4				
# Open	0	**Recovery Amount:**	0.00		
	07/01/2018 - 06/30/2019				
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				

942 - VA MUSEUM OF NATURAL HISTORY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
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		
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

942 - VA MUSEUM OF NATURAL HISTORY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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942 - VA MUSEUM OF NATURAL HISTORY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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**		
	07/01/2005 - 06/30/2006				
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**		
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

942 - VA MUSEUM OF NATURAL HISTORY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

942 - VA MUSEUM OF NATURAL HISTORY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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942 - VA MUSEUM OF NATURAL HISTORY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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**		
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

948 - Southwest VA Higher Education Ctr.

Grand Totals for 948 - Southwest VA Higher Education Ctr.	Paid to Date	Outstanding	Incurred
Expense.....	$18.82	$0.00	$18.82
Indemnity.....	$5,523.67	$0.00	$5,523.67
Medical.....	$2,454.75	$0.00	$2,454.75
	$7,997.24	$0.00	$7,997.24

# of Claims	13		
# Open	0	Recovery Amount:	$0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$18.82	$0.00	$18.82
Indemnity.....	.....		$5,523.67	$0.00	$5,523.67
Medical.....	.....		$520.67	$0.00	$520.67
			$6,063.16	$0.00	$6,063.16
# of Claims	3				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
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		
	07/01/2021 - 06/30/2022				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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948 - Southwest VA Higher Education Ctr.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2020 - 06/30/2021				
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**		
	07/01/2016 - 06/30/2017				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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957 - COMMONWEALTH'S ATTYS SERV COUN

Grand Totals for 957 - COMMONWEALTH'S ATTYS SERV COUN	Paid to Date	Outstanding	Incurred
Expense.....	**$0.00**	**$0.00**	**$0.00**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$0.00**	**$0.00**	**$0.00**
	$0.00	**$0.00**	**$0.00**

# of Claims **1**

 # Open **0** **Recovery Amount:** **$0.00**

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1991 - 06/30/1992				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

960 - FIRE PROGRAMS, DEPT. OF

Grand Totals for 960 - FIRE PROGRAMS, DEPT. OF	Paid to Date	Outstanding	Incurred
Expense.....	$11,327.99	$18,838.75	$30,166.74
Indemnity.....	$259,847.95	$0.00	$259,847.95
Medical.....	$1,139,410.31	$449,128.96	$1,588,539.27
	$1,410,586.25	$467,967.71	$1,878,553.96

# of Claims	116		
# Open	5	Recovery Amount:	-$48,319.03

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$42.89	$0.00	$42.89
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$2,166.19	$0.00	$2,166.19
			$2,209.08	$0.00	$2,209.08
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
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		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$102.37	$0.00	$102.37
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,830.10	$17,169.90	$19,000.00
			$1,932.47	$17,169.90	$19,102.37
# of Claims	2				
# Open	1	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$223.00	$0.00	$223.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$25,876.53	$0.00	$25,876.53
			$26,099.53	$0.00	$26,099.53
# of Claims	3				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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960 - FIRE PROGRAMS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
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		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$2,518.64	$18,801.11	$21,319.75
Indemnity.....	.....		$8,026.57	$0.00	$8,026.57
Medical.....	.....		$19,648.92	$78,477.45	$98,126.37
			$30,194.13	$97,278.56	$127,472.69
# of Claims	2				
# Open	1	Recovery Amount:	-14,234.93		
	07/01/2018 - 06/30/2019				
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		
	07/01/2017 - 06/30/2018				
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		
	07/01/2016 - 06/30/2017				
Expense.....	.....		$202.00	$18.82	$220.82
Indemnity.....	.....		$19,119.64	$0.00	$19,119.64
Medical.....	.....		$84,585.30	$38,622.12	$123,207.42
			$103,906.94	$38,640.94	$142,547.88
# of Claims	2				
# Open	1	Recovery Amount:	0.00		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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960 - FIRE PROGRAMS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2014 - 06/30/2015				
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**		
	07/01/2013 - 06/30/2014				
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**		
	07/01/2012 - 06/30/2013				
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**		
	07/01/2011 - 06/30/2012				
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**		
	07/01/2010 - 06/30/2011				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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960 - FIRE PROGRAMS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2009 - 06/30/2010				
Expense			**$4,844.03**	**$0.00**	**$4,844.03**
Indemnity			**$143,689.99**	**$0.00**	**$143,689.99**
Medical			**$639,643.92**	**$249,984.44**	**$889,628.36**
			$788,177.94	**$249,984.44**	**$1,038,162.38**
# of Claims	**7**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2008 - 06/30/2009				
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**		
	07/01/2007 - 06/30/2008				
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**		
	07/01/2006 - 06/30/2007				
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**		
	07/01/2005 - 06/30/2006				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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960 - FIRE PROGRAMS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2004 - 06/30/2005				
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**		
	07/01/2003 - 06/30/2004				
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**		
	07/01/2002 - 06/30/2003				
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**		
	07/01/2001 - 06/30/2002				
Expense			**$0.00**	**$18.82**	**$18.82**
Indemnity			**$16,869.77**	**$0.00**	**$16,869.77**
Medical			**$30,876.76**	**$64,875.05**	**$95,751.81**
			$47,746.53	**$64,893.87**	**$112,640.40**
# of Claims	**2**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2000 - 06/30/2001				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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960 - FIRE PROGRAMS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1999 - 06/30/2000				
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**		
	07/01/1998 - 06/30/1999				
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**		
	07/01/1997 - 06/30/1998				
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**		
	07/01/1995 - 06/30/1996				
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**		
	07/01/1993 - 06/30/1994				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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960 - FIRE PROGRAMS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1992 - 06/30/1993				
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**		
	07/01/1991 - 06/30/1992				
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**		
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1987 - 06/30/1988				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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960 - FIRE PROGRAMS, DEPT. OF

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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961 - Capitol Police

Grand Totals for 961 - Capitol Police	Paid to Date	Outstanding	Incurred
Expense.....	$11,997.04	$182.77	$12,179.81
Indemnity.....	$518,988.33	$31,529.97	$550,518.30
Medical.....	$919,327.64	$68,182.36	$987,510.00
	$1,450,313.01	$99,895.10	$1,550,208.11

# of Claims 258

 # Open 2 **Recovery Amount:** -$9,641.68

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$50.00	$50.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$459.86	$740.14	$1,200.00
			$459.86	$790.14	$1,250.00
# of Claims	4				
# Open	1	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,434.77	$0.00	$1,434.77
			$1,434.77	$0.00	$1,434.77
# of Claims	6				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$438.25	$0.00	$438.25
Indemnity.....	.....		$34,275.38	$0.00	$34,275.38
Medical.....	.....		$286,721.40	$0.00	$286,721.40
			$321,435.03	$0.00	$321,435.03
# of Claims	8				
# Open	0	Recovery Amount:	-9,288.12		
	07/01/2021 - 06/30/2022				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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961 - Capitol Police

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2020 - 06/30/2021				
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**		
	07/01/2019 - 06/30/2020				
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**		
	07/01/2018 - 06/30/2019				
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**		
	07/01/2017 - 06/30/2018				
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**		
	07/01/2016 - 06/30/2017				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

961 - Capitol Police

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
Expense.....	.....		$7,148.57	$132.77	$7,281.34
Indemnity.....	.....		$232,965.61	$31,529.97	$264,495.58
Medical.....	.....		$199,206.10	$67,442.22	$266,648.32
			$439,320.28	$99,104.96	$538,425.24
# of Claims	12				
# Open	1	Recovery Amount:	0.00		
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		

961 - Capitol Police

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
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		
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

961 - Capitol Police

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
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		
	07/01/2004 - 06/30/2005				
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		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
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		
	07/01/2001 - 06/30/2002				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

961 - Capitol Police

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

961 - Capitol Police

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
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		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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961 - Capitol Police

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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**		
	07/01/1989 - 06/30/1990				
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**		
	07/01/1988 - 06/30/1989				
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**		
	07/01/1987 - 06/30/1988				
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**		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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961 - Capitol Police

Policy	Policy Period	Paid to Date	Outstanding	Incurred

962 - EMPLOYMENT DISPUTE RESOL., DEPT OF

Grand Totals for 962 - EMPLOYMENT DISPUTE RESOL., DEPT OF	Paid to Date	Outstanding	Incurred
Expense.....	$27,032.06	$18.82	$27,050.88
Indemnity.....	$409,870.81	$0.00	$409,870.81
Medical.....	$169,484.23	$80,623.04	$250,107.27
	$606,387.10	$80,641.86	$687,028.96

# of Claims 9
 # Open 1 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2011 - 06/30/2012				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		
	07/01/2005 - 06/30/2006				
Expense.....	.....		$27,032.06	$18.82	$27,050.88
Indemnity.....	.....		$409,412.54	$0.00	$409,412.54
Medical.....	.....		$168,181.83	$80,623.04	$248,804.87
			$604,626.43	$80,641.86	$685,268.29
# of Claims	1				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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962 - EMPLOYMENT DISPUTE RESOL., DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	1	Recovery Amount:	0.00		
	07/01/2001 - 06/30/2002				
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		
	07/01/2000 - 06/30/2001				
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		
	07/01/1999 - 06/30/2000				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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966 - VA MARINE PROD COMMISSION

Grand Totals for 966 - VA MARINE PROD COMMISSION	Paid to Date	Outstanding	Incurred
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
	07/01/1993 - 06/30/1994				
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		

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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977 - Virginia Cannabis Control Auth.

Grand Totals for 977 - Virginia Cannabis Control Auth.	Paid to Date	Outstanding	Incurred
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**

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2023 - 06/30/2024				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

996 - Supplemental Nutrition Assist Prgm

Grand Totals for 996 - Supplemental Nutrition Assist Prgm	Paid to Date	Outstanding	Incurred
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	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2019 - 06/30/2020				
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		
	07/01/2008 - 06/30/2009				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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997 - TANF/VIEW - CWEP

Grand Totals for 997 - TANF/VIEW - CWEP	Paid to Date	Outstanding	Incurred
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	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2006 - 06/30/2007				
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**		

998 - AmeriCorps c/o DSS-OVC

Grand Totals for 998 - AmeriCorps c/o DSS-OVC			Paid to Date	Outstanding	Incurred
Expense.....			$1,226.18	$0.00	$1,226.18
Indemnity.....			$0.00	$0.00	$0.00
Medical.....			$140,825.48	$0.00	$140,825.48
			$142,051.66	$0.00	$142,051.66
# of Claims	87				
# Open	0	**Recovery Amount:**	-$11,001.60		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2023 - 06/30/2024				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$751.96	$0.00	$751.96
			$751.96	$0.00	$751.96
# of Claims	1				
# Open	0	**Recovery Amount:**	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$31.10	$0.00	$31.10
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$2,507.24	$0.00	$2,507.24
			$2,538.34	$0.00	$2,538.34
# of Claims	4				
# Open	0	**Recovery Amount:**	0.00		
	07/01/2021 - 06/30/2022				
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		
	07/01/2020 - 06/30/2021				
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				

Policy Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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998 - AmeriCorps c/o DSS-OVC

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	**0**	**Recovery Amount:**	**-780.01**		
	07/01/2019 - 06/30/2020				
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**		
	07/01/2018 - 06/30/2019				
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**		
	07/01/2017 - 06/30/2018				
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**		
	07/01/2016 - 06/30/2017				
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**		
	07/01/2015 - 06/30/2016				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

998 - AmeriCorps c/o DSS-OVC

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2014 - 06/30/2015				
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		
	07/01/2013 - 06/30/2014				
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		
	07/01/2012 - 06/30/2013				
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		
	07/01/2011 - 06/30/2012				
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		
	07/01/2010 - 06/30/2011				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

998 - AmeriCorps c/o DSS-OVC

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2009 - 06/30/2010				
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		
	07/01/2008 - 06/30/2009				
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		
	07/01/2007 - 06/30/2008				
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		
	07/01/2006 - 06/30/2007				
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		
	07/01/2005 - 06/30/2006				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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998 - AmeriCorps c/o DSS-OVC

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2004 - 06/30/2005				
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**		

999 - VA Alcoholic Beverage Control Auth

Grand Totals for 999 - VA Alcoholic Beverage Control Auth	Paid to Date	Outstanding	Incurred
Expense.....	$811,887.59	$71,455.74	$883,343.33
Indemnity.....	$15,050,912.67	$632,773.33	$15,683,686.00
Medical.....	$17,858,364.00	$5,791,470.98	$23,649,834.98
	$33,721,164.26	$6,495,700.05	$40,216,864.31

# of Claims	4,789		
# Open	59	Recovery Amount:	-$506,933.86

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$678.73	$6,577.50	$7,256.23
Indemnity.....	.....		$20,379.14	$80,933.98	$101,313.12
Medical.....	.....		$29,582.65	$207,540.66	$237,123.31
			$50,640.52	$295,052.14	$345,692.66
# of Claims	110				
# Open	19	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$5,458.44	$11,297.61	$16,756.05
Indemnity.....	.....		$214,288.89	$119,294.06	$333,582.95
Medical.....	.....		$181,588.52	$100,318.82	$281,907.34
			$401,335.85	$230,910.49	$632,246.34
# of Claims	96				
# Open	8	Recovery Amount:	-5,618.47		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$34,022.99	$6,631.82	$40,654.81
Indemnity.....	.....		$255,886.27	$76,692.27	$332,578.54
Medical.....	.....		$509,701.12	$281,798.44	$791,499.56
			$799,610.38	$365,122.53	$1,164,732.91
# of Claims	124				
# Open	5	Recovery Amount:	-3,192.85		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$22,988.33	$13,030.12	$36,018.45
Indemnity.....	.....		$107,795.69	$13,338.58	$121,134.27
Medical.....	.....		$115,473.36	$52,420.30	$167,893.66
			$246,257.38	$78,789.00	$325,046.38
# of Claims	116				

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

999 - VA Alcoholic Beverage Control Auth

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	3	Recovery Amount:	-5,348.51		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$8,992.28	$1,896.00	$10,888.28
Indemnity.....	.....		$192,983.87	$91,212.50	$284,196.37
Medical.....	.....		$358,713.75	$233,594.44	$592,308.19
			$560,689.90	$326,702.94	$887,392.84
# of Claims	123				
# Open	1	Recovery Amount:	-19,930.00		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$13,596.05	$2,390.82	$15,986.87
Indemnity.....	.....		$144,197.88	$78,501.82	$222,699.70
Medical.....	.....		$127,280.96	$2,657.14	$129,938.10
			$285,074.89	$83,549.78	$368,624.67
# of Claims	102				
# Open	1	Recovery Amount:	-19,895.78		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$9,221.18	$4,786.40	$14,007.58
Indemnity.....	.....		$212,265.81	$85,664.53	$297,930.34
Medical.....	.....		$234,154.93	$119,893.40	$354,048.33
			$455,641.92	$210,344.33	$665,986.25
# of Claims	89				
# Open	1	Recovery Amount:	-26,822.95		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$25,575.45	$2,908.69	$28,484.14
Indemnity.....	.....		$296,771.54	$67,000.24	$363,771.78
Medical.....	.....		$349,589.18	$65,096.87	$414,686.05
			$671,936.17	$135,005.80	$806,941.97
# of Claims	106				
# Open	3	Recovery Amount:	-5,268.45		
	07/01/2016 - 06/30/2017				
Expense.....	.....		$10,947.86	$0.00	$10,947.86
Indemnity.....	.....		$492,995.15	$20,135.34	$513,130.49
Medical.....	.....		$327,506.96	$9,775.75	$337,282.71
			$831,449.97	$29,911.09	$861,361.06
# of Claims	101				
# Open	2	Recovery Amount:	-17,420.57		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

999 - VA Alcoholic Beverage Control Auth

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2015 - 06/30/2016				
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		
	07/01/2014 - 06/30/2015				
Expense.....	.....		$17,844.97	$0.00	$17,844.97
Indemnity.....	.....		$233,744.48	$0.01	$233,744.49
Medical.....	.....		$951,932.03	$663,758.38	$1,615,690.41
			$1,203,521.48	$663,758.39	$1,867,279.87
# of Claims	120				
# Open	1	Recovery Amount:	-38,577.46		
	07/01/2013 - 06/30/2014				
Expense.....	.....		$42,893.60	$0.00	$42,893.60
Indemnity.....	.....		$324,136.73	$0.00	$324,136.73
Medical.....	.....		$478,316.75	$0.00	$478,316.75
			$845,347.08	$0.00	$845,347.08
# of Claims	111				
# Open	0	Recovery Amount:	-158,308.52		
	07/01/2012 - 06/30/2013				
Expense.....	.....		$49,936.87	$0.00	$49,936.87
Indemnity.....	.....		$494,255.42	$0.00	$494,255.42
Medical.....	.....		$797,569.23	$74,157.25	$871,726.48
			$1,341,761.52	$74,157.25	$1,415,918.77
# of Claims	113				
# Open	2	Recovery Amount:	-3,585.19		
	07/01/2011 - 06/30/2012				
Expense.....	.....		$10,662.49	$18.82	$10,681.31
Indemnity.....	.....		$217,886.07	$0.00	$217,886.07
Medical.....	.....		$908,635.37	$909,282.43	$1,817,917.80
			$1,137,183.93	$909,301.25	$2,046,485.18
# of Claims	99				
# Open	1	Recovery Amount:	0.00		

999 - VA Alcoholic Beverage Control Auth

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2010 - 06/30/2011				
Expense			**$36,429.99**	**$0.50**	**$36,430.49**
Indemnity			**$447,824.21**	**$0.00**	**$447,824.21**
Medical			**$363,833.87**	**$941.38**	**$364,775.25**
			$848,088.07	**$941.88**	**$849,029.95**
# of Claims	**89**				
# Open	**1**	**Recovery Amount:**	**-821.67**		
	07/01/2009 - 06/30/2010				
Expense			**$638.04**	**$0.00**	**$638.04**
Indemnity			**$40,693.80**	**$0.00**	**$40,693.80**
Medical			**$243,807.92**	**$0.00**	**$243,807.92**
			$285,139.76	**$0.00**	**$285,139.76**
# of Claims	**100**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2008 - 06/30/2009				
Expense			**$24,982.77**	**$18,902.59**	**$43,885.36**
Indemnity			**$299,332.05**	**$0.00**	**$299,332.05**
Medical			**$877,448.89**	**$1,011,798.84**	**$1,889,247.73**
			$1,201,763.71	**$1,030,701.43**	**$2,232,465.14**
# of Claims	**97**				
# Open	**3**	**Recovery Amount:**	**-6,626.90**		
	07/01/2007 - 06/30/2008				
Expense			**$28,149.35**	**$0.00**	**$28,149.35**
Indemnity			**$351,164.43**	**$0.00**	**$351,164.43**
Medical			**$473,479.25**	**$10,035.24**	**$483,514.49**
			$852,793.03	**$10,035.24**	**$862,828.27**
# of Claims	**114**				
# Open	**1**	**Recovery Amount:**	**-266.60**		
	07/01/2006 - 06/30/2007				
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**		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

999 - VA Alcoholic Beverage Control Auth

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2005 - 06/30/2006				
Expense.....	.....		$58,015.30	$18.82	$58,034.12
Indemnity.....	.....		$1,113,881.99	$0.00	$1,113,881.99
Medical.....	.....		$1,904,042.55	$1,208,464.19	$3,112,506.74
			$3,075,939.84	$1,208,483.01	$4,284,422.85
# of Claims	137				
# Open	1	Recovery Amount:	-14,630.51		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$64,653.63	$0.00	$64,653.63
Indemnity.....	.....		$1,271,175.16	$0.00	$1,271,175.16
Medical.....	.....		$1,565,511.77	$515,724.17	$2,081,235.94
			$2,901,340.56	$515,724.17	$3,417,064.73
# of Claims	148				
# Open	1	Recovery Amount:	-32,829.15		
	07/01/2003 - 06/30/2004				
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		
	07/01/2002 - 06/30/2003				
Expense.....	.....		$19,936.70	$8.00	$19,944.70
Indemnity.....	.....		$548,540.89	$0.00	$548,540.89
Medical.....	.....		$995,314.75	$50,265.38	$1,045,580.13
			$1,563,792.34	$50,273.38	$1,614,065.72
# of Claims	154				
# Open	1	Recovery Amount:	-27,462.71		
	07/01/2001 - 06/30/2002				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2000 - 06/30/2001				
Expense.....	.....		$23,348.81	$2,948.32	$26,297.13
Indemnity.....	.....		$699,304.92	$0.00	$699,304.92
Medical.....	.....		$408,244.96	$31,604.72	$439,849.68
			$1,130,898.69	$34,553.04	$1,165,451.73
# of Claims	100				
# Open	1	Recovery Amount:	-485.27		
	07/01/1999 - 06/30/2000				
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		
	07/01/1998 - 06/30/1999				
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		
	07/01/1997 - 06/30/1998				
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		
	07/01/1996 - 06/30/1997				
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		

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1995 - 06/30/1996				
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		
	07/01/1994 - 06/30/1995				
Expense.....	.....		$1,082.90	$20.91	$1,103.81
Indemnity.....	.....		$861,614.29	$0.00	$861,614.29
Medical.....	.....		$562,166.14	$87,666.33	$649,832.47
			$1,424,863.33	$87,687.24	$1,512,550.57
# of Claims	149				
# Open	1	Recovery Amount:	0.00		
	07/01/1993 - 06/30/1994				
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		
	07/01/1992 - 06/30/1993				
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		
	07/01/1991 - 06/30/1992				
Expense.....	.....		$12,148.17	$18.82	$12,166.99
Indemnity.....	.....		$585,139.35	$0.00	$585,139.35
Medical.....	.....		$1,125,491.00	$154,676.85	$1,280,167.85
			$1,722,778.52	$154,695.67	$1,877,474.19
# of Claims	135				
# Open	2	Recovery Amount:	0.00		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1990 - 06/30/1991				
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		
	07/01/1989 - 06/30/1990				
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		
	07/01/1988 - 06/30/1989				
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		
	07/01/1987 - 06/30/1988				
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		
	07/01/1986 - 06/30/1987				
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 Cost Summary

As Of: 06/30/2025

Injury Period: 01/01/1900 - 06/30/2025
Payments, Recoveries, Reserves as of:06/30/2025

Claim Type: All Types

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Policy	Policy Period	Paid to Date	Outstanding	Incurred