Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

06/30/2026 11:46:40 PM

100 - Senate of Virginia

Grand Totals for 100 - Senate of Virginia	Paid to Date	Outstanding	Incurred
Expense.....	$1,089.04	$259.92	$1,348.96
Indemnity.....	$25,023.23	$0.00	$25,023.23
Medical.....	$172,856.77	$8,000.00	$180,856.77
	$198,969.04	$8,259.92	$207,228.96

# of Claims	**103**		
# Open	**1**	**Recovery Amount:**	**-$3,504.13**

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$10.78	$259.92	$270.70
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$8,000.00	$8,000.00
			$10.78	$8,259.92	$8,270.70
# of Claims	**2**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$16.80	$0.00	$16.80
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$16.80	$0.00	$16.80
# 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.....	.....		$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

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

06/30/2026 11:46:40 PM

100 - Senate of Virginia

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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	**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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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100 - Senate of Virginia

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

06/30/2026 11:46:40 PM

100 - Senate of Virginia

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**		
	07/01/2010 - 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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100 - Senate of Virginia

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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100 - Senate of Virginia

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			**$316.00**	**$0.00**	**$316.00**
			$316.00	**$0.00**	**$316.00**
# of Claims	**11**				
# 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			**$1,019.00**	**$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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

06/30/2026 11:46:40 PM

100 - Senate 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			**$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			**$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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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100 - Senate of Virginia

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

06/30/2026 11:46:40 PM

101 - HOUSE OF DELEGATES

Grand Totals for 101 - HOUSE OF DELEGATES	Paid to Date	Outstanding	Incurred
Expense.....	$620.24	$0.00	$620.24
Indemnity.....	$1,030.99	$0.00	$1,030.99
Medical.....	$85,533.49	$0.00	$85,533.49
	$87,184.72	$0.00	$87,184.72

# of Claims 51

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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$20.70	$0.00	$20.70
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$20.70	$0.00	$20.70
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	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				

101 - HOUSE OF DELEGATES

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.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# 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.....	.....		$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		

101 - HOUSE OF DELEGATES

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		
	07/01/2013 - 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		

101 - HOUSE OF DELEGATES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

101 - HOUSE OF DELEGATES

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.....	.....		$23.29	$0.00	$23.29
			$41.79	$0.00	$41.79
# 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		
	07/01/1999 - 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		

101 - HOUSE OF DELEGATES

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	2				
# 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.....	.....		$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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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101 - HOUSE OF DELEGATES

Policy	Policy Period	Paid to Date	Outstanding	Incurred

103 - MAGISTRATE SYSTEM

Grand Totals for 103 - MAGISTRATE SYSTEM	Paid to Date	Outstanding	Incurred
Expense.....	$12,333.59	$50.00	$12,383.59
Indemnity.....	$460,437.44	$0.00	$460,437.44
Medical.....	$256,727.29	$1,200.00	$257,927.29
	$729,498.32	$1,250.00	$730,748.32

# of Claims 98
 # Open 2 **Recovery Amount:** -$4,500.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
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	6				
# Open	1	Recovery Amount:	0.00		
	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				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

103 - MAGISTRATE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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		

103 - MAGISTRATE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	07/01/2015 - 06/30/2016				
Expense.....	.....		$32.00	$0.00	$32.00
Indemnity.....	.....		$1,758.59	$0.00	$1,758.59
Medical.....	.....		$12,080.79	$0.00	$12,080.79
			$13,871.38	$0.00	$13,871.38
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	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		

103 - MAGISTRATE SYSTEM

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	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.....	.....		$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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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103 - MAGISTRATE SYSTEM

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			**$76.15**	**$0.00**	**$76.15**
			$76.15	**$0.00**	**$76.15**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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103 - MAGISTRATE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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				

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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				

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.....	$54,780.93	$510.22	$55,291.15
Indemnity.....	$1,580,110.11	$66,169.72	$1,646,279.83
Medical.....	$2,071,904.72	$325,314.77	$2,397,219.49
	$3,706,795.76	$391,994.71	$4,098,790.47

# of Claims 1,062
 # Open 7 **Recovery Amount:** -$93,723.85

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$288.25	$150.00	$438.25
Indemnity.....	.....		$0.00	$27,000.00	$27,000.00
Medical.....	.....		$6,497.62	$68,436.02	$74,933.64
			$6,785.87	$95,586.02	$102,371.89
# of Claims	29				
# Open	2	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$186.77	$300.00	$486.77
Indemnity.....	.....		$112,730.24	$39,169.72	$151,899.96
Medical.....	.....		$126,253.72	$61,806.85	$188,060.57
			$239,170.73	$101,276.57	$340,447.30
# of Claims	31				
# Open	2	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$131.42	$0.00	$131.42
Indemnity.....	.....		$18,274.47	$0.00	$18,274.47
Medical.....	.....		$39,926.90	$0.00	$39,926.90
			$58,332.79	$0.00	$58,332.79
# 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				

111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$574.95	$20.70	$595.65
Indemnity.....	.....		$5,145.33	$0.00	$5,145.33
Medical.....	.....		$35,016.86	$5,166.01	$40,182.87
			$40,737.14	$5,186.71	$45,923.85
# of Claims	27				
# Open	1	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$5,968.18	$0.00	$5,968.18
Indemnity.....	.....		$156,253.44	$0.00	$156,253.44
Medical.....	.....		$24,228.19	$0.00	$24,228.19
			$186,449.81	$0.00	$186,449.81
# of Claims	20				
# Open	0	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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.....	.....		$371,683.87	$149,802.21	$521,486.08
			$406,442.23	$149,821.03	$556,263.26
# of Claims	31				
# Open	1	Recovery Amount:	-45,281.44		
	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		

111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2006 - 06/30/2007				
Expense.....	.....		$4,499.89	$20.70	$4,520.59
Indemnity.....	.....		$208,822.98	$0.00	$208,822.98
Medical.....	.....		$371,160.34	$40,103.68	$411,264.02
			$584,483.21	$40,124.38	$624,607.59
# of Claims	33				
# Open	1	Recovery Amount:	0.00		
	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		

111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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111 - SUPREME COURT OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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117 - VIRGINIA STATE BAR

Grand Totals for 117 - VIRGINIA STATE BAR	Paid to Date	Outstanding	Incurred
Expense.....	$11,786.93	$0.00	$11,786.93
Indemnity.....	$145,236.95	$0.00	$145,236.95
Medical.....	$594,593.33	$0.00	$594,593.33
	$751,617.21	$0.00	$751,617.21

# of Claims 26

 # Open 0 **Recovery Amount:** -$1,932.24

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$40.45	$0.00	$40.45
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,644.03	$0.00	$1,644.03
			$1,684.48	$0.00	$1,684.48
# of Claims	3				
# Open	0	Recovery Amount:	0.00		
	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				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

117 - VIRGINIA STATE BAR

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		
	07/01/2017 - 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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117 - VIRGINIA STATE BAR

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	**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			**$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**		

117 - VIRGINIA STATE BAR

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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117 - VIRGINIA STATE BAR

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			**$58.00**	**$0.00**	**$58.00**
			$58.00	**$0.00**	**$58.00**
# 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			**$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		

121 - GOVERNOR'S OFFICE

Grand Totals for 121 - GOVERNOR'S OFFICE	Paid to Date	Outstanding	Incurred
Expense.....	$21,802.68	$61,882.60	$83,685.28
Indemnity.....	$6,455.82	$0.00	$6,455.82
Medical.....	$537,935.41	$476,692.56	$1,014,627.97
	$566,193.91	$538,575.16	$1,104,769.07

# 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.....	.....		$21,707.36	$61,882.60	$83,589.96
Indemnity.....	.....		$6,455.82	$0.00	$6,455.82
Medical.....	.....		$520,002.14	$476,692.56	$996,694.70
			$548,165.32	$538,575.16	$1,086,740.48
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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**		

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				

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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			$123,453.59	$9,363.05	$132,816.64
Indemnity			$4,595,075.40	$242,813.24	$4,837,888.64
Medical			$4,106,932.10	$339,661.18	$4,446,593.28
			$8,825,461.09	$591,837.47	$9,417,298.56
# of Claims	3,068				
# Open	12	**Recovery Amount:**	-$476,844.24		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense			$140.07	$100.00	$240.07
Indemnity			$1,549.80	$0.00	$1,549.80
Medical			$14,483.88	$2,400.00	$16,883.88
			$16,173.75	$2,500.00	$18,673.75
# of Claims	37				
# Open	2	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense			$768.21	$5,655.69	$6,423.90
Indemnity			$28,443.26	$53,729.76	$82,173.02
Medical			$128,556.52	$98,650.52	$227,207.04
			$157,767.99	$158,035.97	$315,803.96
# of Claims	101				
# Open	2	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense			$395.69	$0.00	$395.69
Indemnity			$46,418.87	$0.00	$46,418.87
Medical			$480,691.06	$0.00	$480,691.06
			$527,505.62	$0.00	$527,505.62
# of Claims	338				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense			$5,308.77	$232.00	$5,540.77
Indemnity			$59,119.13	$13,830.87	$72,950.00
Medical			$355,135.22	$4,222.85	$359,358.07
			$419,563.12	$18,285.72	$437,848.84
# of Claims	59				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	1	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$226.85	$20.70	$247.55
Indemnity.....	.....		$54,420.13	$126,167.79	$180,587.92
Medical.....	.....		$17,756.08	$2,500.00	$20,256.08
			$72,403.06	$128,688.49	$201,091.55
# of Claims	459				
# Open	1	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.....	.....		$6,635.37	$673.75	$7,309.12
Indemnity.....	.....		$182,406.04	$19,065.20	$201,471.24
Medical.....	.....		$237,467.74	$54,733.74	$292,201.48
			$426,509.15	$74,472.69	$500,981.84
# 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.....	.....		$31,538.03	$2,639.49	$34,177.52
Indemnity.....	.....		$246,675.26	$30,019.62	$276,694.88
Medical.....	.....		$67,896.23	$7,534.52	$75,430.75
			$346,109.52	$40,193.63	$386,303.15
# of Claims	387				
# Open	2	Recovery Amount:	0.00		

123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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	$20.70	$567.55
Indemnity.....	.....		$48,004.64	$0.00	$48,004.64
Medical.....	.....		$194,577.26	$51,030.39	$245,607.65
			$243,128.75	$51,051.09	$294,179.84
# of Claims	35				
# Open	1	Recovery Amount:	0.00		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	07/01/2010 - 06/30/2011				
Expense			**$15,454.69**	**$0.00**	**$15,454.69**
Indemnity			**$399,105.11**	**$0.00**	**$399,105.11**
Medical			**$336,596.26**	**$40,100.37**	**$376,696.63**
			$751,156.06	**$40,100.37**	**$791,256.43**
# of Claims	**22**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2009 - 06/30/2010				
Expense			**$798.50**	**$0.00**	**$798.50**
Indemnity			**$684.40**	**$0.00**	**$684.40**
Medical			**$49,972.22**	**$0.00**	**$49,972.22**
			$51,455.12	**$0.00**	**$51,455.12**
# 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**		

123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	07/01/2000 - 06/30/2001				
Expense.....	.....		$36,064.81	$20.72	$36,085.53
Indemnity.....	.....		$2,566,888.21	$0.00	$2,566,888.21
Medical.....	.....		$276,683.86	$78,488.79	$355,172.65
			$2,879,636.88	$78,509.51	$2,958,146.39
# 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		

123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1991 - 06/30/1992				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$2,746.86	$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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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123 - MILITARY AFFAIRS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

127 - EMERGENCY MANAGEMENT, DEPT OF

Grand Totals for 127 - EMERGENCY MANAGEMENT, DEPT OF	Paid to Date	Outstanding	Incurred
Expense.....	$2,711.25	$100.00	$2,811.25
Indemnity.....	$114,646.89	$5,000.00	$119,646.89
Medical.....	$577,458.68	$243,345.74	$820,804.42
	$694,816.82	$248,445.74	$943,262.56

# of Claims 196
 # Open 2 **Recovery Amount:** -$7,676.45

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$45.88	$100.00	$145.88
Indemnity.....	.....		$0.00	$5,000.00	$5,000.00
Medical.....	.....		$0.00	$5,000.00	$5,000.00
			$45.88	$10,100.00	$10,145.88
# of Claims	2				
# Open	1	Recovery Amount:	0.00		
	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.....	.....		$317.97	$0.00	$317.97
			$317.97	$0.00	$317.97
# 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				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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**				
# 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**		

127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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	$0.00	$32.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$363,054.84	$238,345.74	$601,400.58
			$363,086.84	$238,345.74	$601,432.58
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2011 - 06/30/2012				
Expense			**$60.82**	**$0.00**	**$60.82**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$0.00**	**$0.00**	**$0.00**
			$60.82	**$0.00**	**$60.82**
# 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			**$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**		

127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

127 - EMERGENCY MANAGEMENT, 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.....	.....		$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		
	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		

127 - EMERGENCY 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.....	.....		$86.42	$0.00	$86.42
			$86.42	$0.00	$86.42
# 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.....	.....		$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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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127 - EMERGENCY MANAGEMENT, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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.....	$2,753.80	$0.00	$2,753.80
Indemnity.....	$110,633.14	$0.00	$110,633.14
Medical.....	$212,683.66	$0.00	$212,683.66
	$326,070.60	$0.00	$326,070.60

# of Claims 96
 # Open 0 **Recovery Amount:** -$98,622.10

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$2,573.20	$0.00	$2,573.20
Indemnity.....	.....		$13,205.05	$0.00	$13,205.05
Medical.....	.....		$15,207.13	$0.00	$15,207.13
			$30,985.38	$0.00	$30,985.38
# of Claims	1				
# Open	0	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				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

129 - Human Resource Management, Dept of

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	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.....	.....		$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		

129 - Human Resource Management, Dept of

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	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	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		

129 - Human Resource 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.....	.....		$270.38	$0.00	$270.38
			$270.38	$0.00	$270.38
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	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		

129 - Human Resource Management, Dept of

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

129 - Human Resource Management, 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.....	.....		$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.....	.....		$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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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129 - Human Resource Management, Dept of

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			**$52.00**	**$0.00**	**$52.00**
			$52.00	**$0.00**	**$52.00**
# 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			**$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**		

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				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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				

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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		

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		

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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.....	$225.84	$100.00	$325.84
Indemnity.....	$7,140.82	$3,000.00	$10,140.82
Medical.....	$117,161.29	$10,000.00	$127,161.29
	$124,527.95	$13,100.00	$137,627.95

# of Claims 69
 # Open 1 **Recovery Amount:** -$6,739.18

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$47.27	$100.00	$147.27
Indemnity.....	.....		$0.00	$3,000.00	$3,000.00
Medical.....	.....		$0.00	$10,000.00	$10,000.00
			$47.27	$13,100.00	$13,147.27
# of Claims	3				
# Open	1	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$25.20	$0.00	$25.20
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,381.75	$0.00	$1,381.75
			$1,406.95	$0.00	$1,406.95
# 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.....	.....		$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				

136 - VA Information Technologies Agency

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.....	.....		$148.62	$0.00	$148.62
			$148.62	$0.00	$148.62
# 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.....	.....		$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		

136 - VA Information Technologies Agency

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		
	07/01/2009 - 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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136 - VA Information Technologies Agency

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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				

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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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.....	$11,511.64	$147.00	$11,658.64
Indemnity.....	$369,106.71	$0.00	$369,106.71
Medical.....	$233,093.96	$12,752.46	$245,846.42
	$613,712.31	$12,899.46	$626,611.77

# of Claims 197
 # Open 3 **Recovery Amount:** -$13,359.68

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$42.52	$147.00	$189.52
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$4,947.54	$12,752.46	$17,700.00
			$4,990.06	$12,899.46	$17,889.52
# of Claims	3				
# Open	3	Recovery Amount:	0.00		
	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				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

140 - CRIMINAL JUSTICE SERVICES

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.....	.....		$355.80	$0.00	$355.80
			$355.80	$0.00	$355.80
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$34.37	$0.00	$34.37
Indemnity.....	.....		$7,743.85	$0.00	$7,743.85
Medical.....	.....		$32,899.46	$0.00	$32,899.46
			$40,677.68	$0.00	$40,677.68
# of Claims	5				
# Open	0	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		

140 - CRIMINAL JUSTICE SERVICES

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.....	.....		$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		
	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		

140 - CRIMINAL JUSTICE SERVICES

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			**$150.45**	**$0.00**	**$150.45**
			$150.45	**$0.00**	**$150.45**
# 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			**$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**		

140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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140 - CRIMINAL JUSTICE SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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.....	$13,669.82	$100.00	$13,769.82
Indemnity.....	$67,132.61	$6,000.00	$73,132.61
Medical.....	$116,808.74	$12,797.28	$129,606.02
	$197,611.17	$18,897.28	$216,508.45

# of Claims 172
 # Open 1 **Recovery Amount:** -$8,068.31

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$20.70	$100.00	$120.70
Indemnity.....	.....		$0.00	$6,000.00	$6,000.00
Medical.....	.....		$9,202.72	$12,797.28	$22,000.00
			$9,223.42	$18,897.28	$28,120.70
# of Claims	2				
# Open	1	Recovery Amount:	0.00		
	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				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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141 - ATTORNEY GENERAL'S OFFICE

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			**$0.00**	**$0.00**	**$0.00**
			$0.00	**$0.00**	**$0.00**
# 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			**$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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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141 - ATTORNEY GENERAL'S OFFICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

141 - ATTORNEY GENERAL'S OFFICE

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.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# 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.....	.....		$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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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141 - ATTORNEY GENERAL'S OFFICE

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			**$547.87**	**$0.00**	**$547.87**
			$547.87	**$0.00**	**$547.87**
# 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			**$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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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.....	$1,883.38	$3,587.00	$5,470.38
Indemnity.....	$48,830.42	$7,000.00	$55,830.42
Medical.....	$373,324.48	$19,741.14	$393,065.62
	$424,038.28	$30,328.14	$454,366.42

# of Claims 262
 # Open 3 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$20.70	$150.00	$170.70
Indemnity.....	.....		$0.00	$7,000.00	$7,000.00
Medical.....	.....		$2,101.68	$19,164.83	$21,266.51
			$2,122.38	$26,314.83	$28,437.21
# of Claims	14				
# Open	2	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$37.64	$0.00	$37.64
Indemnity.....	.....		$8,236.60	$0.00	$8,236.60
Medical.....	.....		$54,830.12	$0.00	$54,830.12
			$63,104.36	$0.00	$63,104.36
# of Claims	18				
# 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.....	.....		$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				

146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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		

146 - SCIENCE MUSEUM 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.....	.....		$340.75	$0.00	$340.75
			$340.75	$0.00	$340.75
# 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.....	.....		$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		

146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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.....	.....		$1,571.00	$3,437.00	$5,008.00
Indemnity.....	.....		$6,047.05	$0.00	$6,047.05
Medical.....	.....		$61,176.16	$576.31	$61,752.47
			$68,794.21	$4,013.31	$72,807.52
# of Claims	3				
# 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.....	.....		$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		

146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

146 - SCIENCE MUSEUM OF VIRGINIA

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.....	.....		$1,784.10	$0.00	$1,784.10
			$1,784.10	$0.00	$1,784.10
# of Claims	9				
# Open	0	Recovery Amount:	0.00		
	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		

146 - SCIENCE MUSEUM OF VIRGINIA

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.....	.....		$1,613.01	$0.00	$1,613.01
			$1,613.01	$0.00	$1,613.01
# of Claims	6				
# 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.....	.....		$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		

146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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146 - SCIENCE MUSEUM OF VIRGINIA

Policy	Policy Period	Paid to Date	Outstanding	Incurred

147 - Office of the State Inspector Gen.

Grand Totals for 147 - Office of the State Inspector Gen.	Paid to Date	Outstanding	Incurred
Expense.....	$69.77	$0.00	$69.77
Indemnity.....	$0.00	$0.00	$0.00
Medical.....	$90.00	$0.00	$90.00
	$159.77	$0.00	$159.77

# of Claims 7
 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$37.14	$0.00	$37.14
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$37.14	$0.00	$37.14
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	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				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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**		
	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**		

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

06/30/2026 11:46:40 PM

148 - VA COMMISSION FOR THE ARTS

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

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 56
 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	07/01/2024 - 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.....	.....		$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				

151 - ACCOUNTS, DEPARTMENT OF

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.....	.....		$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				
# 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		

151 - ACCOUNTS, DEPARTMENT OF

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.....	.....		$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		
	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		

151 - ACCOUNTS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

151 - ACCOUNTS, DEPARTMENT 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.....	.....		$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		
	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		

151 - ACCOUNTS, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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.....	$30,958.20	$4,694.67	$35,652.87
Indemnity.....	$949,529.92	$29,410.81	$978,940.73
Medical.....	$735,988.80	$226,965.92	$962,954.72
	$1,716,476.92	$261,071.40	$1,977,548.32

# of Claims 98
 # Open 3 **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.....	.....	$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.....	.....	$37,045.92	$7,887.26	$44,933.18
		$37,064.74	$7,887.26	$44,952.00
# 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			

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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.....	.....		$22,696.30	$4,675.85	$27,372.15
Indemnity.....	.....		$517,237.05	$29,410.81	$546,647.86
Medical.....	.....		$61,730.95	$208,858.87	$270,589.82
			$601,664.30	$242,945.53	$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		

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.....	.....		$187,234.13	$10,219.79	$197,453.92
			$188,323.01	$10,238.61	$198,561.62
# 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		

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		

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		

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

06/30/2026 11:46:40 PM

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.....	$320,501.81	$13,276.57	$333,778.38
Indemnity.....	$6,202,006.11	$181,447.88	$6,383,453.99
Medical.....	$10,817,079.19	$1,424,385.05	$12,241,464.24
	$17,339,587.11	$1,619,109.50	$18,958,696.61

# of Claims 3,873
 # Open 38 **Recovery Amount:** -$1,065,161.19

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$8,902.91	$3,581.77	$12,484.68
Indemnity.....	.....		$19,014.75	$16,221.21	$35,235.96
Medical.....	.....		$128,471.74	$88,203.64	$216,675.38
			$156,389.40	$108,006.62	$264,396.02
# of Claims	166				
# Open	21	Recovery Amount:	-312.22		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$2,927.35	$1,703.33	$4,630.68
Indemnity.....	.....		$11,568.64	$22,351.02	$33,919.66
Medical.....	.....		$209,769.91	$97,351.02	$307,120.93
			$224,265.90	$121,405.37	$345,671.27
# of Claims	111				
# Open	8	Recovery Amount:	-3,796.74		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$12,986.66	$3,580.00	$16,566.66
Indemnity.....	.....		$127,430.49	$0.00	$127,430.49
Medical.....	.....		$196,442.03	$5,962.41	$202,404.44
			$336,859.18	$9,542.41	$346,401.59
# of Claims	30				
# Open	1	Recovery Amount:	-18,254.39		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$7,372.95	$280.00	$7,652.95
Indemnity.....	.....		$176,517.06	$2,786.78	$179,303.84
Medical.....	.....		$366,952.67	$16,261.55	$383,214.22
			$550,842.68	$19,328.33	$570,171.01
# of Claims	57				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	2	Recovery Amount:	-36,004.56		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$56,757.02	$3,803.86	$60,560.88
Indemnity.....	.....		$433,144.97	$140,088.87	$573,233.84
Medical.....	.....		$287,310.59	$679,353.99	$966,664.58
			$777,212.58	$823,246.72	$1,600,459.30
# of Claims	50				
# Open	1	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		

154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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.....	.....		$239,200.98	$0.00	$239,200.98
			$302,192.36	$0.00	$302,192.36
# 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.....	.....		$19,134.49	$269.27	$19,403.76
Indemnity.....	.....		$220,954.55	$0.00	$220,954.55
Medical.....	.....		$563,108.19	$132,018.53	$695,126.72
			$803,197.23	$132,287.80	$935,485.03
# of Claims	124				
# Open	1	Recovery Amount:	-80,672.74		

154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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.....	.....		$188,294.38	$0.00	$188,294.38
			$399,239.47	$0.00	$399,239.47
# of Claims	151				
# Open	0	Recovery Amount:	-57,552.97		
	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		

154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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.....	.....		$277,379.32	$24,699.60	$302,078.92
			$308,366.73	$24,718.42	$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		

154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2001 - 06/30/2002				
Expense.....	.....		$1,497.15	$0.00	$1,497.15
Indemnity.....	.....		$20,147.84	$0.00	$20,147.84
Medical.....	.....		$336,395.89	$22,601.64	$358,997.53
			$358,040.88	$22,601.64	$380,642.52
# of Claims	119				
# Open	1	Recovery Amount:	-1,039.28		
	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.....	.....		$372,169.17	$0.00	$372,169.17
			$392,013.08	$0.00	$392,013.08
# 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.....	.....		$432,497.80	$4,646.03	$437,143.83
			$937,997.11	$4,664.85	$942,661.96
# 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		

154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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	$20.70	$6,887.03
Indemnity.....	.....		$399,605.95	$0.00	$399,605.95
Medical.....	.....		$702,837.80	$353,286.64	$1,056,124.44
			$1,109,310.08	$353,307.34	$1,462,617.42
# 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		

154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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154 - MOTOR VEHICLES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

156 - STATE POLICE

Grand Totals for 156 - STATE POLICE			Paid to Date	Outstanding	Incurred
Expense.....			$1,853,950.43	$899,877.17	$2,753,827.60
Indemnity.....			$61,102,720.43	$3,743,537.98	$64,846,258.41
Medical.....			$96,298,677.96	$28,462,034.05	$124,760,712.01
			$159,255,348.82	$33,105,449.20	$192,360,798.02
# of Claims	18,935				
# Open	316	Recovery Amount:	-$7,008,545.59		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$11,536.76	$18,802.50	$30,339.26
Indemnity.....	.....		$155,761.32	$318,249.70	$474,011.02
Medical.....	.....		$794,992.60	$1,150,970.80	$1,945,963.40
			$962,290.68	$1,488,023.00	$2,450,313.68
# of Claims	336				
# Open	68	Recovery Amount:	-16,550.86		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$15,006.06	$14,514.52	$29,520.58
Indemnity.....	.....		$642,014.52	$463,582.01	$1,105,596.53
Medical.....	.....		$1,177,101.71	$976,682.84	$2,153,784.55
			$1,834,122.29	$1,454,779.37	$3,288,901.66
# of Claims	330				
# Open	41	Recovery Amount:	-57,239.85		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$21,882.74	$16,850.93	$38,733.67
Indemnity.....	.....		$1,205,187.47	$543,825.33	$1,749,012.80
Medical.....	.....		$1,782,131.13	$1,743,624.66	$3,525,755.79
			$3,009,201.34	$2,304,300.92	$5,313,502.26
# of Claims	373				
# Open	18	Recovery Amount:	-298,692.96		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$13,207.61	$1,032.56	$14,240.17
Indemnity.....	.....		$626,664.98	$15,134.83	$641,799.81
Medical.....	.....		$1,060,340.92	$336,807.05	$1,397,147.97
			$1,700,213.51	$352,974.44	$2,053,187.95
# of Claims	306				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

156 - STATE POLICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	11	Recovery Amount:	-216,188.66		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$24,639.36	$16,385.28	$41,024.64
Indemnity.....	.....		$1,632,327.99	$807,680.04	$2,440,008.03
Medical.....	.....		$1,878,118.30	$1,892,469.01	$3,770,587.31
			$3,535,085.65	$2,716,534.33	$6,251,619.98
# of Claims	323				
# Open	10	Recovery Amount:	-212,934.21		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$32,164.88	$25,798.89	$57,963.77
Indemnity.....	.....		$1,078,742.08	$143,674.25	$1,222,416.33
Medical.....	.....		$1,489,741.39	$108,334.26	$1,598,075.65
			$2,600,648.35	$277,807.40	$2,878,455.75
# of Claims	356				
# Open	7	Recovery Amount:	-57,019.78		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$25,271.75	$0.00	$25,271.75
Indemnity.....	.....		$716,070.44	$0.00	$716,070.44
Medical.....	.....		$1,066,893.30	$309,022.84	$1,375,916.14
			$1,808,235.49	$309,022.84	$2,117,258.33
# of Claims	354				
# Open	5	Recovery Amount:	-167,463.92		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$25,127.68	$2,556.70	$27,684.38
Indemnity.....	.....		$1,374,623.73	$299,724.71	$1,674,348.44
Medical.....	.....		$1,409,355.02	$1,619,774.21	$3,029,129.23
			$2,809,106.43	$1,922,055.62	$4,731,162.05
# of Claims	450				
# Open	10	Recovery Amount:	-265,783.50		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$70,036.54	$6,912.00	$76,948.54
Indemnity.....	.....		$2,735,805.75	$0.00	$2,735,805.75
Medical.....	.....		$2,384,527.79	$1,100,791.86	$3,485,319.65
			$5,190,370.08	$1,107,703.86	$6,298,073.94
# of Claims	425				
# Open	3	Recovery Amount:	-344,215.40		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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156 - STATE POLICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2016 - 06/30/2017				
Expense			**$49,641.92**	**$4,881.06**	**$54,522.98**
Indemnity			**$1,577,603.68**	**$202,926.61**	**$1,780,530.29**
Medical			**$1,930,216.43**	**$697,537.95**	**$2,627,754.38**
			$3,557,462.03	**$905,345.62**	**$4,462,807.65**
# of Claims	**516**				
# Open	**8**	**Recovery Amount:**	**-91,251.29**		
	07/01/2015 - 06/30/2016				
Expense			**$48,113.96**	**$32,054.98**	**$80,168.94**
Indemnity			**$1,319,620.53**	**$0.00**	**$1,319,620.53**
Medical			**$1,687,238.61**	**$132,162.04**	**$1,819,400.65**
			$3,054,973.10	**$164,217.02**	**$3,219,190.12**
# of Claims	**702**				
# Open	**5**	**Recovery Amount:**	**-113,309.79**		
	07/01/2014 - 06/30/2015				
Expense			**$37,557.22**	**$36,454.80**	**$74,012.02**
Indemnity			**$1,252,875.96**	**$0.00**	**$1,252,875.96**
Medical			**$2,040,112.77**	**$323,129.84**	**$2,363,242.61**
			$3,330,545.95	**$359,584.64**	**$3,690,130.59**
# of Claims	**677**				
# Open	**5**	**Recovery Amount:**	**-410,613.58**		
	07/01/2013 - 06/30/2014				
Expense			**$43,421.55**	**$20.70**	**$43,442.25**
Indemnity			**$1,490,557.60**	**$0.00**	**$1,490,557.60**
Medical			**$2,696,363.89**	**$1,905,599.96**	**$4,601,963.85**
			$4,230,343.04	**$1,905,620.66**	**$6,135,963.70**
# of Claims	**928**				
# Open	**3**	**Recovery Amount:**	**-557,653.14**		
	07/01/2012 - 06/30/2013				
Expense			**$72,408.68**	**$39.52**	**$72,448.20**
Indemnity			**$3,161,700.48**	**$0.01**	**$3,161,700.49**
Medical			**$2,324,826.63**	**$158,519.84**	**$2,483,346.47**
			$5,558,935.79	**$158,559.37**	**$5,717,495.16**
# of Claims	**930**				
# Open	**4**	**Recovery Amount:**	**-236,540.61**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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156 - STATE POLICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2011 - 06/30/2012				
Expense			**$78,915.70**	**$64,203.53**	**$143,119.23**
Indemnity			**$2,732,166.06**	**$0.00**	**$2,732,166.06**
Medical			**$3,220,014.90**	**$1,366,441.04**	**$4,586,455.94**
			$6,031,096.66	**$1,430,644.57**	**$7,461,741.23**
# of Claims	**939**				
# Open	**7**	**Recovery Amount:**	**-169,758.64**		
	07/01/2010 - 06/30/2011				
Expense			**$69,590.45**	**$58,700.17**	**$128,290.62**
Indemnity			**$1,030,493.92**	**$0.00**	**$1,030,493.92**
Medical			**$2,850,027.56**	**$544,237.47**	**$3,394,265.03**
			$3,950,111.93	**$602,937.64**	**$4,553,049.57**
# of Claims	**528**				
# Open	**8**	**Recovery Amount:**	**-423,618.67**		
	07/01/2009 - 06/30/2010				
Expense			**$56,591.27**	**$71.56**	**$56,662.83**
Indemnity			**$1,710,879.63**	**$0.00**	**$1,710,879.63**
Medical			**$4,049,257.75**	**$1,288,044.91**	**$5,337,302.66**
			$5,816,728.65	**$1,288,116.47**	**$7,104,845.12**
# of Claims	**446**				
# Open	**5**	**Recovery Amount:**	**-148,338.04**		
	07/01/2008 - 06/30/2009				
Expense			**$78,117.44**	**$31,153.56**	**$109,271.00**
Indemnity			**$1,168,838.04**	**$0.00**	**$1,168,838.04**
Medical			**$1,101,744.22**	**$290,379.77**	**$1,392,123.99**
			$2,348,699.70	**$321,533.33**	**$2,670,233.03**
# of Claims	**407**				
# Open	**5**	**Recovery Amount:**	**-84,190.96**		
	07/01/2007 - 06/30/2008				
Expense			**$110,189.35**	**$33,403.61**	**$143,592.96**
Indemnity			**$1,537,853.41**	**$0.00**	**$1,537,853.41**
Medical			**$2,902,978.20**	**$916,899.77**	**$3,819,877.97**
			$4,551,020.96	**$950,303.38**	**$5,501,324.34**
# of Claims	**346**				
# Open	**7**	**Recovery Amount:**	**-260,963.03**		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

156 - STATE POLICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2006 - 06/30/2007				
Expense.....	.....		$175,285.48	$39,919.09	$215,204.57
Indemnity.....	.....		$2,006,046.10	$0.00	$2,006,046.10
Medical.....	.....		$2,232,982.33	$1,229,828.85	$3,462,811.18
			$4,414,313.91	$1,269,747.94	$5,684,061.85
# of Claims	466				
# Open	4	Recovery Amount:	-328,661.41		
	07/01/2005 - 06/30/2006				
Expense.....	.....		$74,331.38	$75,234.04	$149,565.42
Indemnity.....	.....		$1,801,077.71	$0.00	$1,801,077.71
Medical.....	.....		$2,425,245.51	$428,849.65	$2,854,095.16
			$4,300,654.60	$504,083.69	$4,804,738.29
# of Claims	492				
# Open	8	Recovery Amount:	-119,960.10		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$36,368.29	$21,259.76	$57,628.05
Indemnity.....	.....		$606,743.03	$0.01	$606,743.04
Medical.....	.....		$1,904,904.61	$334,721.80	$2,239,626.41
			$2,548,015.93	$355,981.57	$2,903,997.50
# of Claims	407				
# Open	4	Recovery Amount:	-127,817.86		
	07/01/2003 - 06/30/2004				
Expense.....	.....		$41,780.26	$18,033.38	$59,813.64
Indemnity.....	.....		$1,980,649.23	$0.00	$1,980,649.23
Medical.....	.....		$2,408,732.86	$290,078.83	$2,698,811.69
			$4,431,162.35	$308,112.21	$4,739,274.56
# of Claims	446				
# Open	5	Recovery Amount:	-128,086.98		
	07/01/2002 - 06/30/2003				
Expense.....	.....		$61,179.26	$15,265.17	$76,444.43
Indemnity.....	.....		$2,760,724.69	$0.00	$2,760,724.69
Medical.....	.....		$2,702,297.04	$637,923.01	$3,340,220.05
			$5,524,200.99	$653,188.18	$6,177,389.17
# of Claims	442				
# Open	6	Recovery Amount:	-204,287.45		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

156 - STATE POLICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2001 - 06/30/2002				
Expense			$80,901.22	$98,239.76	$179,140.98
Indemnity			$2,222,364.21	$608,163.90	$2,830,528.11
Medical			$2,860,569.30	$1,550,954.92	$4,411,524.22
			$5,163,834.73	$2,257,358.58	$7,421,193.31
# of Claims	392				
# Open	9	Recovery Amount:	-57,931.00		
	07/01/2000 - 06/30/2001				
Expense			$50,668.51	$36,326.71	$86,995.22
Indemnity			$2,290,375.20	$0.00	$2,290,375.20
Medical			$2,994,458.66	$539,152.77	$3,533,611.43
			$5,335,502.37	$575,479.48	$5,910,981.85
# of Claims	440				
# Open	4	Recovery Amount:	-580,669.92		
	07/01/1999 - 06/30/2000				
Expense			$27,728.65	$22,003.75	$49,732.40
Indemnity			$1,844,163.03	$0.00	$1,844,163.03
Medical			$1,408,940.25	$139,357.32	$1,548,297.57
			$3,280,831.93	$161,361.07	$3,442,193.00
# of Claims	433				
# Open	3	Recovery Amount:	-116,545.59		
	07/01/1998 - 06/30/1999				
Expense			$17,220.74	$36,047.97	$53,268.71
Indemnity			$363,906.43	$0.00	$363,906.43
Medical			$1,177,401.78	$426,098.66	$1,603,500.44
			$1,558,528.95	$462,146.63	$2,020,675.58
# of Claims	432				
# Open	5	Recovery Amount:	-195,061.87		
	07/01/1997 - 06/30/1998				
Expense			$39,612.08	$58,290.58	$97,902.66
Indemnity			$917,057.05	$0.00	$917,057.05
Medical			$1,780,526.02	$459,179.92	$2,239,705.94
			$2,737,195.15	$517,470.50	$3,254,665.65
# of Claims	453				
# Open	5	Recovery Amount:	-155,003.19		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

156 - STATE POLICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1996 - 06/30/1997				
Expense			$1,338.07	$0.00	$1,338.07
Indemnity			$687,892.42	$0.00	$687,892.42
Medical			$661,680.47	$8,302.63	$669,983.10
			$1,350,910.96	$8,302.63	$1,359,213.59
# of Claims	432				
# Open	1	Recovery Amount:	-41,062.16		
	07/01/1995 - 06/30/1996				
Expense			$33,347.84	$22,824.45	$56,172.29
Indemnity			$1,622,514.02	$0.00	$1,622,514.02
Medical			$4,222,900.90	$903,887.68	$5,126,788.58
			$5,878,762.76	$926,712.13	$6,805,474.89
# of Claims	480				
# Open	9	Recovery Amount:	-80,621.80		
	07/01/1994 - 06/30/1995				
Expense			$16,924.64	$16,972.27	$33,896.91
Indemnity			$1,451,944.54	$0.00	$1,451,944.54
Medical			$3,157,533.46	$224,837.87	$3,382,371.33
			$4,626,402.64	$241,810.14	$4,868,212.78
# of Claims	496				
# Open	3	Recovery Amount:	-127,266.87		
	07/01/1993 - 06/30/1994				
Expense			$37,293.09	$30,296.88	$67,589.97
Indemnity			$3,360,552.06	$340,576.58	$3,701,128.64
Medical			$8,564,067.81	$3,078,956.48	$11,643,024.29
			$11,961,912.96	$3,449,829.94	$15,411,742.90
# of Claims	565				
# Open	6	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			$5,941,672.23	$206,166.24	$6,147,838.47
			$7,742,224.28	$206,185.06	$7,948,409.34
# of Claims	508				
# Open	2	Recovery Amount:	-90,694.06		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

156 - STATE POLICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1991 - 06/30/1992				
Expense.....	.....		$46,475.43	$20,298.49	$66,773.92
Indemnity.....	.....		$1,894,977.01	$0.00	$1,894,977.01
Medical.....	.....		$3,902,811.48	$39,137.75	$3,941,949.23
			$5,844,263.92	$59,436.24	$5,903,700.16
# of Claims	515				
# Open	2	Recovery Amount:	-37,936.71		
	07/01/1990 - 06/30/1991				
Expense.....	.....		$51,234.70	$2,422.74	$53,657.44
Indemnity.....	.....		$1,939,357.72	$0.00	$1,939,357.72
Medical.....	.....		$3,061,557.00	$188,800.75	$3,250,357.75
			$5,052,149.42	$191,223.49	$5,243,372.91
# of Claims	434				
# Open	3	Recovery Amount:	-23,625.51		
	07/01/1989 - 06/30/1990				
Expense.....	.....		$15,955.78	$20.70	$15,976.48
Indemnity.....	.....		$600,020.58	$0.00	$600,020.58
Medical.....	.....		$1,348,823.60	$143,925.35	$1,492,748.95
			$1,964,799.96	$143,946.05	$2,108,746.01
# of Claims	513				
# Open	2	Recovery Amount:	-6,843.40		
	07/01/1988 - 06/30/1989				
Expense.....	.....		$90,335.32	$41.40	$90,376.72
Indemnity.....	.....		$1,952,505.21	$0.00	$1,952,505.21
Medical.....	.....		$3,764,600.52	$622,341.19	$4,386,941.71
			$5,807,441.05	$622,382.59	$6,429,823.64
# of Claims	301				
# Open	2	Recovery Amount:	-114,119.35		
	07/01/1987 - 06/30/1988				
Expense.....	.....		$23,285.12	$18.82	$23,303.94
Indemnity.....	.....		$939,542.73	$0.00	$939,542.73
Medical.....	.....		$918,166.38	$14,321.70	$932,488.08
			$1,880,994.23	$14,340.52	$1,895,334.75
# of Claims	319				
# Open	1	Recovery Amount:	-126,193.60		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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156 - STATE POLICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1986 - 06/30/1987				
Expense			**$38,538.74**	**$22,505.52**	**$61,044.26**
Indemnity			**$920,692.73**	**$0.00**	**$920,692.73**
Medical			**$1,012,822.63**	**$133,780.56**	**$1,146,603.19**
			$1,972,054.10	**$156,286.08**	**$2,128,340.18**
# of Claims	**297**				
# Open	**2**	**Recovery Amount:**	**-93,455.26**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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.....	$6,224.52	$18.82	$6,243.34
Indemnity.....	$427,004.72	$0.00	$427,004.72
Medical.....	$443,730.69	$2,547.88	$446,278.57
	$876,959.93	$2,566.70	$879,526.63

# of Claims 127
 # Open 1 **Recovery Amount:** -$33,481.97

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$45.48	$0.00	$45.48
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$45.48	$0.00	$45.48
# 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.....	.....		$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				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

158 - VA RETIREMENT SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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		

158 - VA RETIREMENT SYSTEM

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.....	.....		$967.23	$0.00	$967.23
			$967.23	$0.00	$967.23
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	07/01/2010 - 06/30/2011				
Expense.....	.....		$6,018.28	$18.82	$6,037.10
Indemnity.....	.....		$407,526.12	$0.00	$407,526.12
Medical.....	.....		$354,339.81	$2,547.88	$356,887.69
			$767,884.21	$2,566.70	$770,450.91
# 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		

158 - VA RETIREMENT SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

158 - VA RETIREMENT SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

158 - VA RETIREMENT SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

158 - VA RETIREMENT SYSTEM

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.....	.....		$670.00	$0.00	$670.00
			$670.00	$0.00	$670.00
# 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.....	.....		$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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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158 - VA RETIREMENT SYSTEM

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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.....	$16,190.23	$200.00	$16,390.23
Indemnity.....	$827,464.38	$30,205.37	$857,669.75
Medical.....	$788,160.53	$17,040.81	$805,201.34
	$1,631,815.14	$47,446.18	$1,679,261.32

# of Claims 586
 # Open 2 **Recovery Amount:** -$181,237.65

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	3				
# Open	0	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$73.60	$100.00	$173.60
Indemnity.....	.....		$10,526.23	$12,439.69	$22,965.92
Medical.....	.....		$13,525.03	$14,449.51	$27,974.54
			$24,124.86	$26,989.20	$51,114.06
# of Claims	5				
# Open	1	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$18.82	$100.00	$118.82
Indemnity.....	.....		$319.04	$17,765.68	$18,084.72
Medical.....	.....		$4,909.09	$2,591.30	$7,500.39
			$5,246.95	$20,456.98	$25,703.93
# of Claims	5				
# Open	1	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$18.82	$0.00	$18.82
Indemnity.....	.....		$12,438.40	$0.00	$12,438.40
Medical.....	.....		$119,872.18	$0.00	$119,872.18
			$132,329.40	$0.00	$132,329.40
# of Claims	6				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

161 - TAXATION, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$69.99	$0.00	$69.99
Indemnity.....	.....		$3,570.63	$0.00	$3,570.63
Medical.....	.....		$28,173.24	$0.00	$28,173.24
			$31,813.86	$0.00	$31,813.86
# of Claims	6				
# 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		

161 - TAXATION, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

161 - TAXATION, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

161 - TAXATION, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

161 - TAXATION, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

161 - TAXATION, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

161 - TAXATION, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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161 - TAXATION, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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	$50.00	$400.71
Indemnity.....	$26,644.13	$0.00	$26,644.13
Medical.....	$113,611.12	$535.06	$114,146.18
	$140,605.96	$585.06	$141,191.02

# of Claims 68
 # Open 1 **Recovery Amount:** -$9,834.19

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$0.00	$50.00	$50.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,332.33	$535.06	$1,867.39
			$1,332.33	$585.06	$1,917.39
# of Claims	2				
# Open	1	Recovery Amount:	0.00		
	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				

165 - HOUSING & COMMUNITY DEVELOPMENT

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.....	.....		$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		
	07/01/2012 - 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		

165 - HOUSING & COMMUNITY DEVELOPMENT

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.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# 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.....	.....		$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		

165 - HOUSING & COMMUNITY DEVELOPMENT

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.....	.....		$1,167.40	$0.00	$1,167.40
			$1,167.40	$0.00	$1,167.40
# 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.....	.....		$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		

165 - HOUSING & COMMUNITY DEVELOPMENT

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

165 - HOUSING & COMMUNITY DEVELOPMENT

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	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.....	.....		$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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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165 - HOUSING & COMMUNITY DEVELOPMENT

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

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				

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**		

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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	$0.00	$2,364.84
Indemnity.....	$45,605.69	$0.00	$45,605.69
Medical.....	$273,677.01	$0.00	$273,677.01
	$321,647.54	$0.00	$321,647.54

# of Claims 226
 # Open 0 **Recovery Amount:** -$16,685.80

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	4			
# Open	0	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			

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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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**		

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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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	$250.00	$9,086.33
Indemnity.....	$679,117.73	$0.00	$679,117.73
Medical.....	$809,432.52	$3,470.71	$812,903.23
	$1,497,386.58	$3,720.71	$1,501,107.29

# of Claims 383
 # Open 2 **Recovery Amount:** -$16,055.18

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$0.00	$50.00	$50.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$768.88	$850.55	$1,619.43
			$768.88	$900.55	$1,669.43
# of Claims	5				
# Open	1	Recovery Amount:	0.00		
	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.....	.....		$7,423.51	$0.00	$7,423.51
			$7,444.62	$0.00	$7,444.62
# 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				

172 - Virginia Lottery

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$575.42	$200.00	$775.42
Indemnity.....	.....		$313,716.04	$0.00	$313,716.04
Medical.....	.....		$23,344.39	$2,620.16	$25,964.55
			$337,635.85	$2,820.16	$340,456.01
# of Claims	8				
# Open	1	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		

172 - Virginia Lottery

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

172 - Virginia Lottery

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.....	.....		$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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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172 - Virginia Lottery

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			**$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**		
	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**		

172 - Virginia Lottery

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.....	.....		$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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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172 - Virginia Lottery

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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172 - Virginia Lottery

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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				

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.....	$3,985.15	$0.00	$3,985.15
Indemnity.....	$103,036.67	$0.00	$103,036.67
Medical.....	$424,011.57	$0.00	$424,011.57
	$531,033.39	$0.00	$531,033.39

# of Claims 252
 # Open 0 **Recovery Amount:** -$95,381.03

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$55.79	$0.00	$55.79
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$591.61	$0.00	$591.61
			$647.40	$0.00	$647.40
# of Claims	3				
# Open	0	Recovery Amount:	0.00		
	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				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

181 - LABOR AND INDUSTRY, 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.....	.....		$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.....	.....		$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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

181 - LABOR AND INDUSTRY, DEPT OF

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	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.....	.....		$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		

181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

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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.....	.....		$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		
	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		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

06/30/2026 11:46:40 PM

181 - LABOR AND INDUSTRY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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.....	$72,953.13	$2,941.40	$75,894.53
Indemnity.....	$1,398,858.49	$18,311.33	$1,417,169.82
Medical.....	$1,953,557.62	$128,813.64	$2,082,371.26
	$3,425,369.24	$150,066.37	$3,575,435.61

# of Claims 1,206
 # Open 6 **Recovery Amount:** -$58,542.01

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$56.46	$2,900.00	$2,956.46
Indemnity.....	.....		$16,095.26	$18,311.33	$34,406.59
Medical.....	.....		$41,249.86	$54,543.09	$95,792.95
			$57,401.58	$75,754.42	$133,156.00
# of Claims	23				
# Open	4	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$74.67	$0.00	$74.67
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$130.29	$0.00	$130.29
			$204.96	$0.00	$204.96
# 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	$0.00	$258.81
Indemnity.....	.....		$6,643.14	$0.00	$6,643.14
Medical.....	.....		$33,996.72	$0.00	$33,996.72
			$40,898.67	$0.00	$40,898.67
# of Claims	28				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	-247.68		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$104.10	$0.00	$104.10
Indemnity.....	.....		$4,336.90	$0.00	$4,336.90
Medical.....	.....		$6,303.47	$0.00	$6,303.47
			$10,744.47	$0.00	$10,744.47
# of Claims	19				
# Open	0	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		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	07/01/2015 - 06/30/2016				
Expense			$37,306.02	$20.70	$37,326.72
Indemnity			$213,405.87	$0.00	$213,405.87
Medical			$77,899.39	$61,468.16	$139,367.55
			$328,611.28	$61,488.86	$390,100.14
# of Claims	24				
# Open	1	**Recovery Amount:**	0.00		
	07/01/2014 - 06/30/2015				
Expense			$11,501.23	$20.70	$11,521.93
Indemnity			$393,391.59	$0.00	$393,391.59
Medical			$231,886.58	$12,802.39	$244,688.97
			$636,779.40	$12,823.09	$649,602.49
# 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		

182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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	$0.00	$258,188.56
			$399,736.67	$0.00	$399,736.67
# of Claims	34				
# Open	0	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		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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182 - VIRGINIA EMPLOYMENT COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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	$79.04	$14,366.87
Indemnity.....	$270,172.43	$0.00	$270,172.43
Medical.....	$1,306,843.99	$632,830.04	$1,939,674.03
	$1,591,304.25	$632,909.08	$2,224,213.33

# of Claims 298
 # Open 5 **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.....	.....		$12,552.54	$7,672.88	$20,225.42
			$12,568.54	$7,672.88	$20,241.42
# of Claims	14				
# Open	1	Recovery Amount:	0.00		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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**	**$18.82**	**$1,833.65**
Indemnity			**$5,728.70**	**$0.00**	**$5,728.70**
Medical			**$285,733.37**	**$12,574.98**	**$298,308.35**
			$293,276.90	**$12,593.80**	**$305,870.70**
# of Claims	**3**				
# Open	**1**	**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**	**$20.70**	**$5,010.56**
Indemnity			**$160,991.97**	**$0.00**	**$160,991.97**
Medical			**$187,586.57**	**$103,795.55**	**$291,382.12**
			$353,568.40	**$103,816.25**	**$457,384.65**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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191 - VA WORKERS' COMP. COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2008 - 06/30/2009				
Expense			**$2,358.12**	**$39.52**	**$2,397.64**
Indemnity			**$5,111.78**	**$0.00**	**$5,111.78**
Medical			**$446,912.61**	**$508,786.63**	**$955,699.24**
			$454,382.51	**$508,826.15**	**$963,208.66**
# 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**		

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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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**		

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.....	$76,560.01	$5,382.36	$81,942.37
Indemnity.....	$1,957,776.75	$98,448.69	$2,056,225.44
Medical.....	$3,293,746.33	$1,911,880.75	$5,205,627.08
	$5,328,083.09	$2,015,711.80	$7,343,794.89

# of Claims 2,282
 # Open 12 **Recovery Amount:** -$42,268.12

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$235.98	$350.00	$585.98
Indemnity.....	.....		$0.00	$13,000.00	$13,000.00
Medical.....	.....		$6,690.24	$22,403.14	$29,093.38
			$6,926.22	$35,753.14	$42,679.36
# of Claims	42				
# Open	6	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$226.11	$0.00	$226.11
Indemnity.....	.....		$12,450.11	$0.00	$12,450.11
Medical.....	.....		$16,116.71	$0.00	$16,116.71
			$28,792.93	$0.00	$28,792.93
# of Claims	42				
# Open	0	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				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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	$4,930.74	$13,813.53
Indemnity.....	.....		$84,513.60	$67,353.61	$151,867.21
Medical.....	.....		$96,352.35	$2,468.97	$98,821.32
			$189,748.74	$74,753.32	$264,502.06
# 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	$20.70	$6,702.80
Indemnity.....	.....		$166,261.17	$18,095.08	$184,356.25
Medical.....	.....		$134,973.30	$62,786.47	$197,759.77
			$307,916.57	$80,902.25	$388,818.82
# of Claims	23				
# Open	1	Recovery Amount:	0.00		

194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2016 - 06/30/2017				
Expense.....	.....		$5,371.45	$20.70	$5,392.15
Indemnity.....	.....		$7,230.24	$0.00	$7,230.24
Medical.....	.....		$155,657.03	$86,050.20	$241,707.23
			$168,258.72	$86,070.90	$254,329.62
# of Claims	23				
# Open	1	Recovery Amount:	0.00		
	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	$20.70	$10,737.71
Indemnity.....	.....		$384,758.30	$0.00	$384,758.30
Medical.....	.....		$509,751.16	$941,772.62	$1,451,523.78
			$905,226.47	$941,793.32	$1,847,019.79
# 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		

194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2001 - 06/30/2002				
Expense.....	.....		$7,753.00	$20.70	$7,773.70
Indemnity.....	.....		$175,176.78	$0.00	$175,176.78
Medical.....	.....		$231,979.51	$305,593.76	$537,573.27
			$414,909.29	$305,614.46	$720,523.75
# of Claims	53				
# Open	1	Recovery Amount:	0.00		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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			**$927,610.41**	**$490,805.59**	**$1,418,416.00**
			$1,145,205.99	**$490,824.41**	**$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**		

194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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194 - DEPT. OF GENERAL SERVICES

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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.....	$80,543.08	$3,369.69	$83,912.77
Indemnity.....	$1,852,631.84	$21,951.78	$1,874,583.62
Medical.....	$5,284,726.61	$1,060,586.13	$6,345,312.74
	$7,217,901.53	$1,085,907.60	$8,303,809.13

# of Claims 4,695
 # Open 19 **Recovery Amount:** -$93,531.31

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$1,482.41	$3,311.35	$4,793.76
Indemnity.....	.....		$18,027.74	$21,951.78	$39,979.52
Medical.....	.....		$84,679.57	$108,283.29	$192,962.86
			$104,189.72	$133,546.42	$237,736.14
# of Claims	248				
# Open	14	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$839.35	$0.00	$839.35
Indemnity.....	.....		$43,800.89	$0.00	$43,800.89
Medical.....	.....		$142,360.19	$0.00	$142,360.19
			$187,000.43	$0.00	$187,000.43
# of Claims	266				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$1,271.51	$0.00	$1,271.51
Indemnity.....	.....		$6,465.77	$0.00	$6,465.77
Medical.....	.....		$198,758.43	$0.00	$198,758.43
			$206,495.71	$0.00	$206,495.71
# of Claims	184				
# Open	0	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				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$1,505.57	$20.70	$1,526.27
Indemnity.....	.....		$8,174.41	$0.00	$8,174.41
Medical.....	.....		$291,555.82	$722,872.05	$1,014,427.87
			$301,235.80	$722,892.75	$1,024,128.55
# of Claims	129				
# 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.....	.....		$177,548.37	$16,029.18	$193,577.55
			$284,724.68	$16,029.18	$300,753.86
# of Claims	134				
# Open	1	Recovery Amount:	0.00		

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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.....	.....		$177,266.98	$4,439.27	$181,706.25
			$262,467.73	$4,458.09	$266,925.82
# 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		

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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.....	.....		$269,042.91	$0.00	$269,042.91
			$380,716.90	$0.00	$380,716.90
# of Claims	128				
# Open	0	Recovery Amount:	-2,906.98		
	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		

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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.....	.....		$179,726.56	$25,293.49	$205,020.05
			$489,169.69	$25,293.49	$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		

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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199 - DEPT. CONSERVATION & RECREATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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			**$154,088.89**	**$183,668.85**	**$337,757.74**
			$174,303.42	**$183,687.67**	**$357,991.09**
# of Claims	**36**				
# Open	**1**	**Recovery Amount:**	**0.00**		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

201 - EDUCATION, STATE DEPARTMENT OF

Grand Totals for 201 - EDUCATION, STATE DEPARTMENT OF	Paid to Date	Outstanding	Incurred
Expense.....	$53,851.29	$10,505.83	$64,357.12
Indemnity.....	$560,760.15	$44,717.15	$605,477.30
Medical.....	$2,551,372.35	$2,098,212.96	$4,649,585.31
	$3,165,983.79	$2,153,435.94	$5,319,419.73

# of Claims	733		
# Open	4	Recovery Amount:	-$20,677.14

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$0.00	$50.00	$50.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$7,981.25	$1,509.75	$9,491.00
			$7,981.25	$1,559.75	$9,541.00
# of Claims	5				
# Open	1	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$138.76	$2,720.13	$2,858.89
Indemnity.....	.....		$30,012.85	$44,717.15	$74,730.00
Medical.....	.....		$31,372.01	$23,315.40	$54,687.41
			$61,523.62	$70,752.68	$132,276.30
# of Claims	4				
# Open	1	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	0	Recovery Amount:	-1,362.03		
	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				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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		

201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

06/30/2026 11:46:40 PM

201 - EDUCATION, STATE DEPARTMENT OF

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			**$222.02**	**$0.00**	**$222.02**
			$222.02	**$0.00**	**$222.02**
# of Claims	**7**				
# 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			**$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**		

201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

201 - EDUCATION, STATE DEPARTMENT 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			**$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**		
	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**		

201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1991 - 06/30/1992				
Expense.....	.....		$9,766.54	$20.70	$9,787.24
Indemnity.....	.....		$95,158.37	$0.00	$95,158.37
Medical.....	.....		$416,448.17	$28,521.95	$444,970.12
			$521,373.08	$28,542.65	$549,915.73
# of Claims	90				
# Open	1	Recovery Amount:	0.00		
	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.....	.....		$36,843.73	$7,715.00	$44,558.73
Indemnity.....	.....		$150,099.92	$0.00	$150,099.92
Medical.....	.....		$1,652,458.29	$2,044,865.86	$3,697,324.15
			$1,839,401.94	$2,052,580.86	$3,891,982.80
# of Claims	78				
# Open	1	Recovery Amount:	-4.40		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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201 - EDUCATION, STATE DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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**		

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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.....	$328,599.38	$19,905.05	$348,504.43
Indemnity.....	$4,025,487.56	$66,693.44	$4,092,181.00
Medical.....	$9,915,162.30	$3,773,904.69	$13,689,066.99
	$14,269,249.24	$3,860,503.18	$18,129,752.42

# of Claims 4,286
 # Open 16 **Recovery Amount:** -$86,452.87

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$680.26	$935.34	$1,615.60
Indemnity.....	.....		$5,710.62	$17,652.80	$23,363.42
Medical.....	.....		$34,556.80	$78,402.54	$112,959.34
			$40,947.68	$96,990.68	$137,938.36
# of Claims	55				
# Open	8	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$5,173.32	$2,360.34	$7,533.66
Indemnity.....	.....		$36,487.61	$49,040.64	$85,528.25
Medical.....	.....		$82,274.74	$27,782.98	$110,057.72
			$123,935.67	$79,183.96	$203,119.63
# of Claims	57				
# Open	1	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.....	.....		$46,270.69	$0.00	$46,270.69
			$55,813.15	$0.00	$55,813.15
# 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.....	.....		$58,208.58	$0.00	$58,208.58
			$85,548.00	$0.00	$85,548.00
# of Claims	48				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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.....	.....		$101,725.73	$246,321.00	$348,046.73
			$125,884.36	$246,321.00	$372,205.36
# of Claims	44				
# 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.....	.....		$131,213.17	$21,975.50	$153,188.67
			$482,948.94	$21,975.50	$504,924.44
# of Claims	34				
# Open	1	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		

204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	07/01/2015 - 06/30/2016				
Expense.....	.....		$36,172.82	$20.70	$36,193.52
Indemnity.....	.....		$613,152.70	$0.00	$613,152.70
Medical.....	.....		$669,682.05	$2,058,716.40	$2,728,398.45
			$1,319,007.57	$2,058,737.10	$3,377,744.67
# 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		

204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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.....	.....		$29,223.51	$0.00	$29,223.51
Indemnity.....	.....		$172,476.41	$0.00	$172,476.41
Medical.....	.....		$323,023.15	$217,718.60	$540,741.75
			$524,723.07	$217,718.60	$742,441.67
# 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		

204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2006 - 06/30/2007				
Expense.....	.....		$28,509.53	$16,547.27	$45,056.80
Indemnity.....	.....		$138,535.08	$0.00	$138,535.08
Medical.....	.....		$330,572.47	$49,257.25	$379,829.72
			$497,617.08	$65,804.52	$563,421.60
# of Claims	98				
# Open	1	Recovery Amount:	-436.67		
	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		

204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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	$20.70	$6,960.04
Indemnity.....	.....		$45,448.10	$0.00	$45,448.10
Medical.....	.....		$1,062,601.87	$1,068,225.66	$2,130,827.53
			$1,114,989.31	$1,068,246.36	$2,183,235.67
# 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	$20.70	$485.70
Indemnity.....	.....		$22,897.05	$0.00	$22,897.05
Medical.....	.....		$199,361.19	$5,504.76	$204,865.95
			$222,723.24	$5,525.46	$228,248.70
# of Claims	174				
# Open	1	Recovery Amount:	-76.99		

204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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204 - COLLEGE OF WILLIAM & MARY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

206 - VCU Health Systems

Grand Totals for 206 - VCU Health Systems	Paid to Date	Outstanding	Incurred
Expense.....	$314,442.95	$45,277.11	$359,720.06
Indemnity.....	$8,570,069.62	$0.00	$8,570,069.62
Medical.....	$14,530,327.50	$1,867,945.11	$16,398,272.61
	$23,414,840.07	$1,913,222.22	$25,328,062.29

# 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.....	.....		$3,365,223.34	$291,361.72	$3,656,585.06
			$4,383,195.01	$326,690.22	$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				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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			**$990,727.60**	**$263,066.99**	**$1,253,794.59**
			$1,419,115.70	**$271,556.81**	**$1,690,672.51**
# of Claims	**958**				
# Open	**1**	**Recovery Amount:**	**-345.00**		
	07/01/1995 - 06/30/1996				
Expense			**$31,451.26**	**$889.35**	**$32,340.61**
Indemnity			**$825,460.51**	**$0.00**	**$825,460.51**
Medical			**$1,525,057.20**	**$1,158,562.87**	**$2,683,620.07**
			$2,381,968.97	**$1,159,452.22**	**$3,541,421.19**
# 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			**$805,142.76**	**$72,119.19**	**$877,261.95**
			$1,471,685.09	**$72,575.63**	**$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**		

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.....	.....		$603,400.57	$17,150.94	$620,551.51
			$1,231,760.76	$17,150.94	$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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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.....	$1,079,749.02	$219,824.03	$1,299,573.05
Indemnity.....	$16,311,233.87	$2,423,723.37	$18,734,957.24
Medical.....	$26,108,756.31	$6,175,746.13	$32,284,502.44
	$43,499,739.20	$8,819,293.53	$52,319,032.73

# of Claims 13,828
 # Open 107 **Recovery Amount:** -$372,205.47

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$13,695.72	$41,574.60	$55,270.32
Indemnity.....	.....		$191,893.05	$454,689.92	$646,582.97
Medical.....	.....		$392,702.63	$528,955.45	$921,658.08
			$598,291.40	$1,025,219.97	$1,623,511.37
# of Claims	98				
# Open	38	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$14,045.28	$22,020.27	$36,065.55
Indemnity.....	.....		$253,494.28	$393,280.65	$646,774.93
Medical.....	.....		$678,779.41	$238,560.74	$917,340.15
			$946,318.97	$653,861.66	$1,600,180.63
# of Claims	78				
# Open	10	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$22,192.84	$4,954.80	$27,147.64
Indemnity.....	.....		$135,490.14	$48,671.51	$184,161.65
Medical.....	.....		$502,321.82	$145,192.18	$647,514.00
			$660,004.80	$198,818.49	$858,823.29
# of Claims	92				
# Open	5	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$66,161.56	$7,658.60	$73,820.16
Indemnity.....	.....		$352,074.23	$496,624.58	$848,698.81
Medical.....	.....		$479,365.03	$701,565.93	$1,180,930.96
			$897,600.82	$1,205,849.11	$2,103,449.93
# of Claims	102				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	5	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$53,605.28	$24,557.49	$78,162.77
Indemnity.....	.....		$470,986.56	$452,389.27	$923,375.83
Medical.....	.....		$573,396.48	$203,924.33	$777,320.81
			$1,097,988.32	$680,871.09	$1,778,859.41
# of Claims	129				
# Open	4	Recovery Amount:	-4,695.89		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$79,529.32	$16,235.01	$95,764.33
Indemnity.....	.....		$882,483.42	$322,768.34	$1,205,251.76
Medical.....	.....		$599,550.79	$133,075.76	$732,626.55
			$1,561,563.53	$472,079.11	$2,033,642.64
# of Claims	101				
# Open	5	Recovery Amount:	-168,557.50		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$22,748.02	$2,481.35	$25,229.37
Indemnity.....	.....		$287,123.77	$111,399.65	$398,523.42
Medical.....	.....		$627,933.93	$459,622.83	$1,087,556.76
			$937,805.72	$573,503.83	$1,511,309.55
# of Claims	180				
# Open	5	Recovery Amount:	-861.01		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$76,088.94	$2,551.00	$78,639.94
Indemnity.....	.....		$753,085.78	$93,578.20	$846,663.98
Medical.....	.....		$800,482.60	$179,385.13	$979,867.73
			$1,629,657.32	$275,514.33	$1,905,171.65
# of Claims	218				
# Open	3	Recovery Amount:	-1,408.83		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$28,126.27	$4,067.74	$32,194.01
Indemnity.....	.....		$218,517.56	$50,321.25	$268,838.81
Medical.....	.....		$692,904.39	$47,705.24	$740,609.63
			$939,548.22	$102,094.23	$1,041,642.45
# of Claims	265				
# Open	3	Recovery Amount:	-599.50		

207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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.....	.....		$375,428.21	$56,904.95	$432,333.16
			$663,298.16	$56,904.95	$720,203.11
# of Claims	201				
# Open	1	Recovery Amount:	-5,775.64		
	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.....	.....		$663,715.69	$0.00	$663,715.69
			$936,513.85	$0.00	$936,513.85
# of Claims	209				
# Open	0	Recovery Amount:	-61,509.47		
	07/01/2014 - 06/30/2015				
Expense.....	.....		$21,010.01	$39.52	$21,049.53
Indemnity.....	.....		$251,144.71	$0.00	$251,144.71
Medical.....	.....		$899,830.22	$151,608.26	$1,051,438.48
			$1,171,984.94	$151,647.78	$1,323,632.72
# of Claims	250				
# Open	2	Recovery Amount:	-3,060.52		
	07/01/2013 - 06/30/2014				
Expense.....	.....		$146,711.84	$16,946.18	$163,658.02
Indemnity.....	.....		$2,009,580.75	$0.00	$2,009,580.75
Medical.....	.....		$1,579,056.47	$397,276.20	$1,976,332.67
			$3,735,349.06	$414,222.38	$4,149,571.44
# of Claims	219				
# Open	7	Recovery Amount:	-4,762.58		
	07/01/2012 - 06/30/2013				
Expense.....	.....		$92,159.26	$76,573.75	$168,733.01
Indemnity.....	.....		$695,573.92	$0.00	$695,573.92
Medical.....	.....		$1,711,417.39	$970,989.04	$2,682,406.43
			$2,499,150.57	$1,047,562.79	$3,546,713.36
# of Claims	236				
# Open	5	Recovery Amount:	-24,520.29		

207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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.....	.....		$1,210,672.96	$9,285.09	$1,219,958.05
			$2,508,285.86	$9,285.09	$2,517,570.95
# of Claims	231				
# Open	1	Recovery Amount:	0.00		
	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.....	.....		$77,401.99	$62.10	$77,464.09
Indemnity.....	.....		$815,487.11	$0.00	$815,487.11
Medical.....	.....		$1,556,410.89	$729,761.88	$2,286,172.77
			$2,449,299.99	$729,823.98	$3,179,123.97
# of Claims	276				
# Open	6	Recovery Amount:	-2,420.75		
	07/01/2008 - 06/30/2009				
Expense.....	.....		$15,588.00	$20.70	$15,608.70
Indemnity.....	.....		$370,336.89	$0.00	$370,336.89
Medical.....	.....		$566,477.46	$8,927.69	$575,405.15
			$952,402.35	$8,948.39	$961,350.74
# of Claims	270				
# Open	1	Recovery Amount:	-647.00		
	07/01/2007 - 06/30/2008				
Expense.....	.....		$88,165.47	$20.70	$88,186.17
Indemnity.....	.....		$1,318,460.22	$0.00	$1,318,460.22
Medical.....	.....		$879,286.56	$7,541.73	$886,828.29
			$2,285,912.25	$7,562.43	$2,293,474.68
# of Claims	275				
# Open	1	Recovery Amount:	-19,495.96		

207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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.....	.....		$954,953.69	$145,748.26	$1,100,701.95
			$1,119,029.28	$145,748.26	$1,264,777.54
# of Claims	289				
# Open	1	Recovery Amount:	-263.24		
	07/01/2005 - 06/30/2006				
Expense.....	.....		$34,041.85	$20.70	$34,062.55
Indemnity.....	.....		$355,434.12	$0.00	$355,434.12
Medical.....	.....		$932,641.18	$309,226.26	$1,241,867.44
			$1,322,117.15	$309,246.96	$1,631,364.11
# 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	$20.70	$1,240.27
Indemnity.....	.....		$29,458.66	$0.00	$29,458.66
Medical.....	.....		$788,852.20	$137,213.02	$926,065.22
			$819,530.43	$137,233.72	$956,764.15
# of Claims	291				
# Open	1	Recovery Amount:	-509.60		

207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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.....	.....		$483,183.07	$435,709.68	$918,892.75
			$944,542.97	$435,709.68	$1,380,252.65
# 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		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	07/01/1990 - 06/30/1991				
Expense			**$20,807.39**	**$18.82**	**$20,826.21**
Indemnity			**$449,141.63**	**$0.00**	**$449,141.63**
Medical			**$1,162,032.27**	**$177,566.48**	**$1,339,598.75**
			$1,631,981.29	**$177,585.30**	**$1,809,566.59**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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207 - UNIVERSITY OF VIRGINIA

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

208 - VPI STATE UNIVERSITY

Grand Totals for 208 - VPI STATE UNIVERSITY	Paid to Date	Outstanding	Incurred
Expense.....	$1,353,912.24	$199,596.29	$1,553,508.53
Indemnity.....	$25,451,992.95	$1,258,044.17	$26,710,037.12
Medical.....	$49,626,653.78	$8,941,446.22	$58,568,100.00
	$76,432,558.97	$10,399,086.68	$86,831,645.65

# of Claims	21,549		
# Open	91	Recovery Amount:	-$520,365.13

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$15,789.60	$11,547.42	$27,337.02
Indemnity.....	.....		$73,274.82	$62,443.22	$135,718.04
Medical.....	.....		$249,890.21	$206,295.74	$456,185.95
			$338,954.63	$280,286.38	$619,241.01
# of Claims	437				
# Open	31	Recovery Amount:	-2,521.35		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$20,109.26	$2,960.97	$23,070.23
Indemnity.....	.....		$115,946.51	$226,288.93	$342,235.44
Medical.....	.....		$323,716.59	$57,950.39	$381,666.98
			$459,772.36	$287,200.29	$746,972.65
# of Claims	481				
# Open	1	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$35,351.65	$15,029.74	$50,381.39
Indemnity.....	.....		$401,992.91	$498,080.72	$900,073.63
Medical.....	.....		$939,819.83	$335,166.75	$1,274,986.58
			$1,377,164.39	$848,277.21	$2,225,441.60
# of Claims	398				
# Open	4	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$10,275.98	$0.00	$10,275.98
Indemnity.....	.....		$98,468.08	$0.00	$98,468.08
Medical.....	.....		$391,289.92	$0.00	$391,289.92
			$500,033.98	$0.00	$500,033.98
# of Claims	398				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

208 - VPI STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	1	Recovery Amount:	-7,158.03		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$27,247.70	$16,036.70	$43,284.40
Indemnity.....	.....		$558,103.19	$181,074.65	$739,177.84
Medical.....	.....		$717,116.99	$304,913.07	$1,022,030.06
			$1,302,467.88	$502,024.42	$1,804,492.30
# of Claims	388				
# Open	3	Recovery Amount:	-173,338.67		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$53,081.49	$4,930.74	$58,012.23
Indemnity.....	.....		$320,818.38	$118,632.78	$439,451.16
Medical.....	.....		$850,790.84	$66,740.11	$917,530.95
			$1,224,690.71	$190,303.63	$1,414,994.34
# 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.....	.....		$187,367.43	$0.00	$187,367.43
			$271,030.74	$0.00	$271,030.74
# 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.....	.....		$532,144.99	$31,069.32	$563,214.31
			$798,240.93	$31,069.32	$829,310.25
# 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.....	.....		$917,696.02	$0.00	$917,696.02
			$1,546,316.23	$0.00	$1,546,316.23
# of Claims	561				
# Open	0	Recovery Amount:	-16,620.08		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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208 - VPI STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2016 - 06/30/2017				
Expense			**$34,937.73**	**$41.40**	**$34,979.13**
Indemnity			**$733,267.36**	**$66,550.47**	**$799,817.83**
Medical			**$1,059,043.29**	**$129,466.73**	**$1,188,510.02**
			$1,827,248.38	**$196,058.60**	**$2,023,306.98**
# of Claims	**541**				
# Open	**2**	**Recovery Amount:**	**0.00**		
	07/01/2015 - 06/30/2016				
Expense			**$21,045.91**	**$20.70**	**$21,066.61**
Indemnity			**$376,938.98**	**$0.00**	**$376,938.98**
Medical			**$978,310.69**	**$27,057.82**	**$1,005,368.51**
			$1,376,295.58	**$27,078.52**	**$1,403,374.10**
# 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			**$1,114,632.36**	**$113,174.37**	**$1,227,806.73**
			$1,716,975.67	**$113,174.37**	**$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**	**$41.40**	**$60,900.08**
Indemnity			**$990,847.65**	**$0.00**	**$990,847.65**
Medical			**$2,875,309.55**	**$293,044.16**	**$3,168,353.71**
			$3,927,015.88	**$293,085.56**	**$4,220,101.44**
# of Claims	**688**				
# Open	**2**	**Recovery Amount:**	**-5,492.70**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	07/01/2010 - 06/30/2011				
Expense			**$97,222.48**	**$71,152.77**	**$168,375.25**
Indemnity			**$1,275,254.09**	**$0.00**	**$1,275,254.09**
Medical			**$2,278,485.44**	**$1,216,106.45**	**$3,494,591.89**
			$3,650,962.01	**$1,287,259.22**	**$4,938,221.23**
# of Claims	**625**				
# Open	**3**	**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			**$1,046,001.76**	**$156,972.76**	**$1,202,974.52**
			$1,532,443.43	**$156,991.58**	**$1,689,435.01**
# of Claims	**720**				
# Open	**3**	**Recovery Amount:**	**-524.35**		
	07/01/2008 - 06/30/2009				
Expense			**$67,538.04**	**$39.52**	**$67,577.56**
Indemnity			**$859,676.15**	**$0.00**	**$859,676.15**
Medical			**$1,843,846.82**	**$579,897.53**	**$2,423,744.35**
			$2,771,061.01	**$579,937.05**	**$3,350,998.06**
# of Claims	**699**				
# Open	**4**	**Recovery Amount:**	**-8,265.49**		
	07/01/2007 - 06/30/2008				
Expense			**$73,400.67**	**$0.00**	**$73,400.67**
Indemnity			**$531,065.75**	**$0.00**	**$531,065.75**
Medical			**$1,223,805.78**	**$0.00**	**$1,223,805.78**
			$1,828,272.20	**$0.00**	**$1,828,272.20**
# of Claims	**727**				
# Open	**0**	**Recovery Amount:**	**-12,130.80**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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208 - VPI STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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			**$752,210.28**	**$30,563.22**	**$782,773.50**
			$2,823,622.39	**$30,582.04**	**$2,854,204.43**
# of Claims	**834**				
# Open	**1**	**Recovery Amount:**	**-5,211.60**		
	07/01/2005 - 06/30/2006				
Expense			**$36,193.27**	**$39.52**	**$36,232.79**
Indemnity			**$523,894.68**	**$0.00**	**$523,894.68**
Medical			**$1,353,525.69**	**$47,521.87**	**$1,401,047.56**
			$1,913,613.64	**$47,561.39**	**$1,961,175.03**
# of Claims	**656**				
# Open	**2**	**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**	**$18.82**	**$17,959.45**
Indemnity			**$431,292.27**	**$0.00**	**$431,292.27**
Medical			**$1,068,815.39**	**$163,057.67**	**$1,231,873.06**
			$1,518,048.29	**$163,076.49**	**$1,681,124.78**
# of Claims	**676**				
# Open	**2**	**Recovery Amount:**	**-415.71**		
	07/01/2002 - 06/30/2003				
Expense			**$57,134.15**	**$21,810.21**	**$78,944.36**
Indemnity			**$679,080.97**	**$0.00**	**$679,080.97**
Medical			**$2,367,520.53**	**$29,699.83**	**$2,397,220.36**
			$3,103,735.65	**$51,510.04**	**$3,155,245.69**
# of Claims	**607**				
# Open	**1**	**Recovery Amount:**	**-6,161.13**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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208 - VPI STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2001 - 06/30/2002				
Expense			**$29,576.74**	**$127.04**	**$29,703.78**
Indemnity			**$914,560.56**	**$0.00**	**$914,560.56**
Medical			**$2,056,105.96**	**$330,878.17**	**$2,386,984.13**
			$3,000,243.26	**$331,005.21**	**$3,331,248.47**
# of Claims	**536**				
# Open	**1**	**Recovery Amount:**	**-11,424.11**		
	07/01/2000 - 06/30/2001				
Expense			**$29,336.89**	**$62.10**	**$29,398.99**
Indemnity			**$1,168,280.12**	**$0.00**	**$1,168,280.12**
Medical			**$1,706,483.69**	**$451,310.25**	**$2,157,793.94**
			$2,904,100.70	**$451,372.35**	**$3,355,473.05**
# of Claims	**370**				
# Open	**6**	**Recovery Amount:**	**-859.58**		
	07/01/1999 - 06/30/2000				
Expense			**$32,896.34**	**$41.40**	**$32,937.74**
Indemnity			**$993,854.35**	**$0.00**	**$993,854.35**
Medical			**$2,902,663.88**	**$289,994.24**	**$3,192,658.12**
			$3,929,414.57	**$290,035.64**	**$4,219,450.21**
# of Claims	**427**				
# Open	**4**	**Recovery Amount:**	**-5,124.77**		
	07/01/1998 - 06/30/1999				
Expense			**$10,589.92**	**$39.52**	**$10,629.44**
Indemnity			**$541,963.70**	**$0.00**	**$541,963.70**
Medical			**$1,387,934.32**	**$27,531.76**	**$1,415,466.08**
			$1,940,487.94	**$27,571.28**	**$1,968,059.22**
# of Claims	**462**				
# Open	**2**	**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			**$1,297,954.84**	**$337,179.62**	**$1,635,134.46**
			$2,189,827.79	**$337,198.44**	**$2,527,026.23**
# of Claims	**413**				
# Open	**2**	**Recovery Amount:**	**-97,997.80**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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208 - VPI STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1996 - 06/30/1997				
Expense			**$6,562.28**	**$41.40**	**$6,603.68**
Indemnity			**$643,999.13**	**$0.00**	**$643,999.13**
Medical			**$1,585,308.83**	**$857,985.35**	**$2,443,294.18**
			$2,235,870.24	**$858,026.75**	**$3,093,896.99**
# of Claims	**440**				
# Open	**2**	**Recovery Amount:**	**-18,933.76**		
	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**	**$41.40**	**$9,910.22**
Indemnity			**$433,769.91**	**$0.00**	**$433,769.91**
Medical			**$910,383.78**	**$167,601.28**	**$1,077,985.06**
			$1,354,022.51	**$167,642.68**	**$1,521,665.19**
# of Claims	**504**				
# Open	**2**	**Recovery Amount:**	**-28,065.27**		
	07/01/1993 - 06/30/1994				
Expense			**$9,766.75**	**$6,994.92**	**$16,761.67**
Indemnity			**$845,290.53**	**$0.00**	**$845,290.53**
Medical			**$1,274,279.25**	**$41,765.16**	**$1,316,044.41**
			$2,129,336.53	**$48,760.08**	**$2,178,096.61**
# 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**		

208 - VPI STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	07/01/1990 - 06/30/1991				
Expense.....	.....		$45,022.72	$3,272.14	$48,294.86
Indemnity.....	.....		$756,198.56	$0.00	$756,198.56
Medical.....	.....		$1,458,573.63	$63,952.17	$1,522,525.80
			$2,259,794.91	$67,224.31	$2,327,019.22
# of Claims	549				
# Open	3	Recovery Amount:	0.00		
	07/01/1989 - 06/30/1990				
Expense.....	.....		$56,736.09	$44,601.30	$101,337.39
Indemnity.....	.....		$1,187,758.49	$0.00	$1,187,758.49
Medical.....	.....		$2,019,776.12	$272,242.44	$2,292,018.56
			$3,264,270.70	$316,843.74	$3,581,114.44
# 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.....	.....		$150,617.89	$648.70	$151,266.59
Indemnity.....	.....		$1,316,828.74	$104,973.40	$1,421,802.14
Medical.....	.....		$4,971,832.96	$2,312,307.99	$7,284,140.95
			$6,439,279.59	$2,417,930.09	$8,857,209.68
# of Claims	437				
# Open	2	Recovery Amount:	-85,505.04		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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208 - VPI STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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209 - UVA Health System

Grand Totals for 209 - UVA Health System	Paid to Date	Outstanding	Incurred
Expense.....	$1,909,100.84	$668,241.19	$2,577,342.03
Indemnity.....	$35,180,220.44	$3,148,863.60	$38,329,084.04
Medical.....	$45,482,897.33	$15,127,669.55	$60,610,566.88
	$82,572,218.61	$18,944,774.34	$101,516,992.95

# of Claims 28,285

 # Open 176 **Recovery Amount:** -$508,700.56

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$39,857.24	$20,124.95	$59,982.19
Indemnity.....	.....		$121,402.48	$302,172.40	$423,574.88
Medical.....	.....		$431,692.64	$649,397.06	$1,081,089.70
			$592,952.36	$971,694.41	$1,564,646.77
# of Claims	799				
# Open	70	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$62,240.37	$39,857.42	$102,097.79
Indemnity.....	.....		$518,674.54	$319,370.28	$838,044.82
Medical.....	.....		$687,015.66	$570,267.44	$1,257,283.10
			$1,267,930.57	$929,495.14	$2,197,425.71
# of Claims	416				
# Open	13	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$69,086.97	$39,433.96	$108,520.93
Indemnity.....	.....		$692,033.58	$558,232.19	$1,250,265.77
Medical.....	.....		$1,054,598.83	$377,931.51	$1,432,530.34
			$1,815,719.38	$975,597.66	$2,791,317.04
# of Claims	274				
# Open	10	Recovery Amount:	-85,438.97		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$70,472.83	$57,939.80	$128,412.63
Indemnity.....	.....		$1,228,435.13	$745,165.42	$1,973,600.55
Medical.....	.....		$945,478.80	$726,357.72	$1,671,836.52
			$2,244,386.76	$1,529,462.94	$3,773,849.70
# of Claims	363				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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209 - UVA Health System

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	7	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$51,949.45	$25,756.87	$77,706.32
Indemnity.....	.....		$724,952.88	$157,694.07	$882,646.95
Medical.....	.....		$624,814.55	$505,215.48	$1,130,030.03
			$1,401,716.88	$688,666.42	$2,090,383.30
# of Claims	406				
# Open	6	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$109,765.14	$38,552.99	$148,318.13
Indemnity.....	.....		$1,620,036.97	$683,541.63	$2,303,578.60
Medical.....	.....		$2,388,609.54	$2,014,664.28	$4,403,273.82
			$4,118,411.65	$2,736,758.90	$6,855,170.55
# of Claims	453				
# Open	9	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$116,948.40	$7,734.92	$124,683.32
Indemnity.....	.....		$1,434,228.10	$185,421.61	$1,619,649.71
Medical.....	.....		$1,206,059.46	$834,902.77	$2,040,962.23
			$2,757,235.96	$1,028,059.30	$3,785,295.26
# of Claims	543				
# Open	4	Recovery Amount:	-112.16		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$19,687.29	$2,434.04	$22,121.33
Indemnity.....	.....		$283,294.88	$40,109.94	$323,404.82
Medical.....	.....		$738,898.54	$94,257.46	$833,156.00
			$1,041,880.71	$136,801.44	$1,178,682.15
# of Claims	625				
# Open	3	Recovery Amount:	-38,250.60		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$98,997.53	$86,897.52	$185,895.05
Indemnity.....	.....		$977,006.45	$152,064.27	$1,129,070.72
Medical.....	.....		$1,336,673.37	$359,100.60	$1,695,773.97
			$2,412,677.35	$598,062.39	$3,010,739.74
# of Claims	630				
# Open	6	Recovery Amount:	-3,620.22		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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209 - UVA Health System

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2016 - 06/30/2017				
Expense			**$116,244.58**	**$39.52**	**$116,284.10**
Indemnity			**$2,216,654.50**	**$5,091.79**	**$2,221,746.29**
Medical			**$1,302,359.62**	**$266,969.36**	**$1,569,328.98**
			$3,635,258.70	**$272,100.67**	**$3,907,359.37**
# of Claims	**660**				
# Open	**2**	**Recovery Amount:**	**0.00**		
	07/01/2015 - 06/30/2016				
Expense			**$36,222.63**	**$20.70**	**$36,243.33**
Indemnity			**$561,289.20**	**$0.00**	**$561,289.20**
Medical			**$1,465,557.09**	**$119,945.92**	**$1,585,503.01**
			$2,063,068.92	**$119,966.62**	**$2,183,035.54**
# of Claims	**721**				
# Open	**2**	**Recovery Amount:**	**0.00**		
	07/01/2014 - 06/30/2015				
Expense			**$144,588.10**	**$73,146.03**	**$217,734.13**
Indemnity			**$1,533,042.96**	**$0.00**	**$1,533,042.96**
Medical			**$2,058,370.08**	**$926,998.66**	**$2,985,368.74**
			$3,736,001.14	**$1,000,144.69**	**$4,736,145.83**
# of Claims	**762**				
# Open	**5**	**Recovery Amount:**	**-2,532.16**		
	07/01/2013 - 06/30/2014				
Expense			**$81,508.14**	**$6,710.20**	**$88,218.34**
Indemnity			**$1,076,442.08**	**$0.00**	**$1,076,442.08**
Medical			**$1,637,233.70**	**$2,190.26**	**$1,639,423.96**
			$2,795,183.92	**$8,900.46**	**$2,804,084.38**
# of Claims	**728**				
# Open	**1**	**Recovery Amount:**	**-8,485.48**		
	07/01/2012 - 06/30/2013				
Expense			**$132,921.15**	**$40,148.85**	**$173,070.00**
Indemnity			**$3,036,060.60**	**$0.00**	**$3,036,060.60**
Medical			**$2,549,886.07**	**$129,977.01**	**$2,679,863.08**
			$5,718,867.82	**$170,125.86**	**$5,888,993.68**
# of Claims	**745**				
# Open	**5**	**Recovery Amount:**	**-78,920.38**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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209 - UVA Health System

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2011 - 06/30/2012				
Expense			$73,016.21	$39.52	$73,055.73
Indemnity			$1,514,599.58	$0.00	$1,514,599.58
Medical			$1,399,800.02	$318,151.07	$1,717,951.09
			$2,987,415.81	$318,190.59	$3,305,606.40
# of Claims	706				
# Open	3	**Recovery Amount:**	-44,195.74		
	07/01/2010 - 06/30/2011				
Expense			$221,572.20	$148,650.06	$370,222.26
Indemnity			$2,222,244.35	$0.00	$2,222,244.35
Medical			$2,895,259.57	$1,576,640.42	$4,471,899.99
			$5,339,076.12	$1,725,290.48	$7,064,366.60
# of Claims	696				
# Open	6	**Recovery Amount:**	-200,375.10		
	07/01/2009 - 06/30/2010				
Expense			$65,752.07	$5,321.66	$71,073.73
Indemnity			$1,474,331.06	$0.00	$1,474,331.06
Medical			$1,733,481.05	$1,488,907.91	$3,222,388.96
			$3,273,564.18	$1,494,229.57	$4,767,793.75
# of Claims	632				
# Open	3	**Recovery Amount:**	-7,523.39		
	07/01/2008 - 06/30/2009				
Expense			$37,854.60	$41.40	$37,896.00
Indemnity			$629,542.89	$0.00	$629,542.89
Medical			$1,499,335.43	$495,403.33	$1,994,738.76
			$2,166,732.92	$495,444.73	$2,662,177.65
# 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			$1,463,127.87	$730,347.38	$2,193,475.25
			$2,502,332.04	$730,366.20	$3,232,698.24
# of Claims	649				
# Open	1	**Recovery Amount:**	-325.25		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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209 - UVA Health System

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2006 - 06/30/2007				
Expense			**$69,661.10**	**$33,093.37**	**$102,754.47**
Indemnity			**$1,409,002.85**	**$0.00**	**$1,409,002.85**
Medical			**$964,496.76**	**$254,349.08**	**$1,218,845.84**
			$2,443,160.71	**$287,442.45**	**$2,730,603.16**
# of Claims	**605**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2005 - 06/30/2006				
Expense			**$46,321.51**	**$16,594.11**	**$62,915.62**
Indemnity			**$932,519.71**	**$0.00**	**$932,519.71**
Medical			**$1,151,063.86**	**$668,180.31**	**$1,819,244.17**
			$2,129,905.08	**$684,774.42**	**$2,814,679.50**
# of Claims	**661**				
# Open	**2**	**Recovery Amount:**	**0.00**		
	07/01/2004 - 06/30/2005				
Expense			**$28,733.47**	**$0.00**	**$28,733.47**
Indemnity			**$555,522.07**	**$0.00**	**$555,522.07**
Medical			**$655,596.44**	**$43,905.48**	**$699,501.92**
			$1,239,851.98	**$43,905.48**	**$1,283,757.46**
# of Claims	**650**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2003 - 06/30/2004				
Expense			**$1,166.00**	**$0.00**	**$1,166.00**
Indemnity			**$97,577.83**	**$0.00**	**$97,577.83**
Medical			**$439,362.71**	**$32,889.74**	**$472,252.45**
			$538,106.54	**$32,889.74**	**$570,996.28**
# 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**		

209 - UVA Health System

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2001 - 06/30/2002				
Expense.....	.....		$24,772.84	$4,408.30	$29,181.14
Indemnity.....	.....		$1,298,299.12	$0.00	$1,298,299.12
Medical.....	.....		$1,887,190.16	$330,208.96	$2,217,399.12
			$3,210,262.12	$334,617.26	$3,544,879.38
# of Claims	619				
# Open	3	Recovery Amount:	-4,097.99		
	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	$39.55	$4,977.50
Indemnity.....	.....		$508,605.85	$0.00	$508,605.85
Medical.....	.....		$1,932,693.00	$14,338.12	$1,947,031.12
			$2,446,236.80	$14,377.67	$2,460,614.47
# of Claims	875				
# Open	2	Recovery Amount:	-2,574.00		
	07/01/1998 - 06/30/1999				
Expense.....	.....		$13,643.53	$2,265.97	$15,909.50
Indemnity.....	.....		$1,071,471.43	$0.00	$1,071,471.43
Medical.....	.....		$934,109.78	$30,477.96	$964,587.74
			$2,019,224.74	$32,743.93	$2,051,968.67
# of Claims	579				
# Open	1	Recovery Amount:	-1,077.90		
	07/01/1997 - 06/30/1998				
Expense.....	.....		$9,968.83	$0.00	$9,968.83
Indemnity.....	.....		$1,844,237.42	$0.00	$1,844,237.42
Medical.....	.....		$1,638,896.77	$3,773.54	$1,642,670.31
			$3,493,103.02	$3,773.54	$3,496,876.56
# of Claims	993				
# Open	1	Recovery Amount:	-1,156.91		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

209 - UVA Health System

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1996 - 06/30/1997				
Expense.....	.....		$11,523.22	$18,970.66	$30,493.88
Indemnity.....	.....		$985,622.38	$0.00	$985,622.38
Medical.....	.....		$2,550,484.15	$1,337,680.98	$3,888,165.13
			$3,547,629.75	$1,356,651.64	$4,904,281.39
# of Claims	996				
# Open	4	Recovery Amount:	-82.10		
	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.....	.....		$657,389.16	$86,450.76	$743,839.92
			$969,940.40	$86,450.76	$1,056,391.16
# 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.....	.....		$1,499.46	$0.00	$1,499.46
Indemnity.....	.....		$220,931.04	$0.00	$220,931.04
Medical.....	.....		$547,895.72	$137,788.98	$685,684.70
			$770,326.22	$137,788.98	$908,115.20
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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209 - UVA Health System

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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.....	$91,682.84	$1,073.33	$92,756.17
Indemnity.....	$902,239.87	$0.00	$902,239.87
Medical.....	$2,438,658.69	$188,856.11	$2,627,514.80
	$3,432,581.40	$189,929.44	$3,622,510.84

# of Claims 1,359
 # Open 6 **Recovery Amount:** -$1,340.90

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$277.91	$1,011.23	$1,289.14
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$15,426.43	$16,318.05	$31,744.48
			$15,704.34	$17,329.28	$33,033.62
# of Claims	21				
# Open	3	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$251.97	$0.00	$251.97
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$3,811.53	$0.00	$3,811.53
			$4,063.50	$0.00	$4,063.50
# of Claims	21				
# Open	0	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.....	.....		$56,728.23	$0.00	$56,728.23
			$79,913.39	$0.00	$79,913.39
# 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				

211 - VA MILITARY INSTITUTE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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	$20.70	$9,155.32
Indemnity.....	.....		$35,410.99	$0.00	$35,410.99
Medical.....	.....		$134,362.06	$92,818.35	$227,180.41
			$178,907.67	$92,839.05	$271,746.72
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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211 - VA MILITARY INSTITUTE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**	**$20.70**	**$17,471.60**
Indemnity			**$121,270.70**	**$0.00**	**$121,270.70**
Medical			**$66,688.63**	**$62,616.48**	**$129,305.11**
			$205,410.23	**$62,637.18**	**$268,047.41**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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211 - VA MILITARY INSTITUTE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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211 - VA MILITARY INSTITUTE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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211 - VA MILITARY INSTITUTE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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211 - VA MILITARY INSTITUTE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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211 - VA MILITARY INSTITUTE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**	**$20.70**	**$4,129.58**
Indemnity			**$139,361.21**	**$0.00**	**$139,361.21**
Medical			**$128,066.74**	**$17,103.23**	**$145,169.97**
			$271,536.83	**$17,123.93**	**$288,660.76**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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211 - VA MILITARY INSTITUTE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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.....	$82,149.39	$28,252.11	$110,401.50
Indemnity.....	$1,417,383.42	$2,209,595.60	$3,626,979.02
Medical.....	$6,346,695.92	$1,676,818.45	$8,023,514.37
	$7,846,228.73	$3,914,666.16	$11,760,894.89

# of Claims 1,488
 # Open 11 **Recovery Amount:** -$27,671.97

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$4,295.98	$3,855.71	$8,151.69
Indemnity.....	.....		$20,425.55	$89,625.30	$110,050.85
Medical.....	.....		$41,509.22	$124,293.32	$165,802.54
			$66,230.75	$217,774.33	$284,005.08
# of Claims	26				
# Open	8	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$203.56	$0.00	$203.56
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$5,189.19	$0.00	$5,189.19
			$5,392.75	$0.00	$5,392.75
# of Claims	18				
# Open	0	Recovery Amount:	-109.11		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$6,239.10	$24,355.00	$30,594.10
Indemnity.....	.....		$139,459.78	$1,726,566.86	$1,866,026.64
Medical.....	.....		$724,208.46	$832,063.15	$1,556,271.61
			$869,907.34	$2,582,985.01	$3,452,892.35
# of Claims	8				
# Open	1	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$261.25	$0.00	$261.25
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$11,733.36	$0.00	$11,733.36
			$11,994.61	$0.00	$11,994.61
# of Claims	9				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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212 - Virginia State University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	-1,182.77		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$437.18	$20.70	$457.88
Indemnity.....	.....		$10,068.77	$0.00	$10,068.77
Medical.....	.....		$30,991.11	$26,964.86	$57,955.97
			$41,497.06	$26,985.56	$68,482.62
# of Claims	5				
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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212 - Virginia State University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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212 - Virginia State University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	07/01/2010 - 06/30/2011				
Expense			**$27,510.67**	**$20.70**	**$27,531.37**
Indemnity			**$387,783.47**	**$393,403.44**	**$781,186.91**
Medical			**$2,881,312.99**	**$693,497.12**	**$3,574,810.11**
			$3,296,607.13	**$1,086,921.26**	**$4,383,528.39**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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212 - Virginia State University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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212 - Virginia State University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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212 - Virginia State University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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212 - Virginia State University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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212 - Virginia State University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

213 - NORFOLK STATE UNIVERSITY

Grand Totals for 213 - NORFOLK STATE UNIVERSITY	Paid to Date	Outstanding	Incurred
Expense.....	$270,695.86	$24,399.22	$295,095.08
Indemnity.....	$2,503,745.42	$148,058.08	$2,651,803.50
Medical.....	$5,914,827.39	$956,252.12	$6,871,079.51
	$8,689,268.67	$1,128,709.42	$9,817,978.09

# of Claims	2,139		
# Open	21	Recovery Amount:	-$55,306.55

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$317.01	$4,905.45	$5,222.46
Indemnity.....	.....		$3,407.43	$11,502.20	$14,909.63
Medical.....	.....		$40,347.08	$35,084.08	$75,431.16
			$44,071.52	$51,491.73	$95,563.25
# of Claims	32				
# Open	6	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$9,635.25	$13,254.63	$22,889.88
Indemnity.....	.....		$104,539.06	$118,350.51	$222,889.57
Medical.....	.....		$134,517.21	$118,669.39	$253,186.60
			$248,691.52	$250,274.53	$498,966.05
# of Claims	34				
# Open	5	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$2,790.07	$3,700.00	$6,490.07
Indemnity.....	.....		$77,824.06	$0.00	$77,824.06
Medical.....	.....		$201,106.44	$203,754.21	$404,860.65
			$281,720.57	$207,454.21	$489,174.78
# of Claims	21				
# Open	1	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$10,240.68	$0.00	$10,240.68
Indemnity.....	.....		$5,842.56	$0.00	$5,842.56
Medical.....	.....		$40,074.75	$0.00	$40,074.75
			$56,157.99	$0.00	$56,157.99
# of Claims	23				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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		
	07/01/2021 - 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				
# 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.....	.....		$146,440.66	$21,629.74	$168,070.40
			$180,092.15	$21,629.74	$201,721.89
# 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.....	.....		$99,753.10	$228,785.63	$328,538.73
			$128,366.55	$228,804.45	$357,171.00
# of Claims	35				
# Open	1	Recovery Amount:	-210.00		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$30,158.84	$2,405.34	$32,564.18
Indemnity.....	.....		$259,285.13	$18,205.37	$277,490.50
Medical.....	.....		$553,179.56	$163,541.50	$716,721.06
			$842,623.53	$184,152.21	$1,026,775.74
# of Claims	50				
# Open	1	Recovery Amount:	0.00		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2016 - 06/30/2017				
Expense			**$41,228.09**	**$58.52**	**$41,286.61**
Indemnity			**$340,063.69**	**$0.00**	**$340,063.69**
Medical			**$457,095.87**	**$89,200.87**	**$546,296.74**
			$838,387.65	**$89,259.39**	**$927,647.04**
# of Claims	**45**				
# Open	**3**	**Recovery Amount:**	**-23,479.12**		
	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**	**$18.82**	**$2,622.34**
Indemnity			**$14,971.99**	**$0.00**	**$14,971.99**
Medical			**$171,049.09**	**$24,420.37**	**$195,469.46**
			$188,624.60	**$24,439.19**	**$213,063.79**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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			**$14,217.86**	**$0.00**	**$14,217.86**
Indemnity			**$3,815.41**	**$0.00**	**$3,815.41**
Medical			**$325,692.09**	**$0.00**	**$325,692.09**
			$343,725.36	**$0.00**	**$343,725.36**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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			**$316,028.61**	**$21,142.99**	**$337,171.60**
			$546,768.21	**$21,161.81**	**$567,930.02**
# of Claims	**32**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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			**$137,632.62**	**$50,023.34**	**$187,655.96**
			$152,548.77	**$50,042.16**	**$202,590.93**
# of Claims	**36**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2000 - 06/30/2001				
Expense			**$8,464.55**	**$0.00**	**$8,464.55**
Indemnity			**$12,091.12**	**$0.00**	**$12,091.12**
Medical			**$167,812.11**	**$0.00**	**$167,812.11**
			$188,367.78	**$0.00**	**$188,367.78**
# of Claims	**37**				
# Open	**0**	**Recovery Amount:**	**-78.00**		
	07/01/1999 - 06/30/2000				
Expense			**$3,812.50**	**$0.00**	**$3,812.50**
Indemnity			**$5,554.71**	**$0.00**	**$5,554.71**
Medical			**$20,766.28**	**$0.00**	**$20,766.28**
			$30,133.49	**$0.00**	**$30,133.49**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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213 - NORFOLK STATE UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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214 - Longwood University

Grand Totals for 214 - Longwood University	Paid to Date	Outstanding	Incurred
Expense.....	$130,498.85	$49,365.90	$179,864.75
Indemnity.....	$2,583,143.71	$717,677.42	$3,300,821.13
Medical.....	$3,441,453.32	$731,340.20	$4,172,793.52
	$6,155,095.88	$1,498,383.52	$7,653,479.40

# of Claims 1,218

 # Open 12 **Recovery Amount:** -$3,751.81

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$46.77	$176.30	$223.07
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$2,294.61	$2,889.18	$5,183.79
			$2,341.38	$3,065.48	$5,406.86
# of Claims	10				
# Open	4	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$18.82	$0.00	$18.82
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$4,780.31	$0.00	$4,780.31
			$4,799.13	$0.00	$4,799.13
# of Claims	12				
# Open	0	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.....	.....		$101,010.38	$252,818.66	$353,829.04
Medical.....	.....		$93,230.01	$40,510.18	$133,740.19
			$196,815.23	$298,177.66	$494,992.89
# of Claims	13				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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214 - Longwood University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2020 - 06/30/2021				
Expense			**$8,886.16**	**$3,500.00**	**$12,386.16**
Indemnity			**$283,684.04**	**$231,140.34**	**$514,824.38**
Medical			**$72,952.14**	**$17,883.10**	**$90,835.24**
			$365,522.34	**$252,523.44**	**$618,045.78**
# of Claims	**19**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2019 - 06/30/2020				
Expense			**$6,593.66**	**$20.70**	**$6,614.36**
Indemnity			**$35,928.74**	**$0.00**	**$35,928.74**
Medical			**$317,827.71**	**$39,857.87**	**$357,685.58**
			$360,350.11	**$39,878.57**	**$400,228.68**
# of Claims	**13**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2018 - 06/30/2019				
Expense			**$9,880.15**	**$2,333.08**	**$12,213.23**
Indemnity			**$99,746.86**	**$35,503.14**	**$135,250.00**
Medical			**$112,393.16**	**$168,103.11**	**$280,496.27**
			$222,020.17	**$205,939.33**	**$427,959.50**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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214 - Longwood University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**	**$18.82**	**$7,006.32**
Indemnity			**$139,194.87**	**$0.00**	**$139,194.87**
Medical			**$175,092.78**	**$117,355.03**	**$292,447.81**
			$321,275.15	**$117,373.85**	**$438,649.00**
# of Claims	**36**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	07/01/2013 - 06/30/2014				
Expense			**$25,545.88**	**$25,803.31**	**$51,349.19**
Indemnity			**$181,763.88**	**$0.00**	**$181,763.88**
Medical			**$113,016.93**	**$318,270.07**	**$431,287.00**
			$320,326.69	**$344,073.38**	**$664,400.07**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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214 - Longwood University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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214 - Longwood University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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214 - Longwood University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**	**$0.00**	**$651.37**
Indemnity			**$124,085.58**	**$0.00**	**$124,085.58**
Medical			**$456,173.24**	**$0.00**	**$456,173.24**
			$580,910.19	**$0.00**	**$580,910.19**
# of Claims	**32**				
# Open	**0**	**Recovery Amount:**	**-175.41**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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214 - Longwood University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1996 - 06/30/1997				
Expense			**$3,849.59**	**$9,699.21**	**$13,548.80**
Indemnity			**$165,565.39**	**$0.00**	**$165,565.39**
Medical			**$177,479.04**	**$22,710.99**	**$200,190.03**
			$346,894.02	**$32,410.20**	**$379,304.22**
# of Claims	**34**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	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**	**$2,965.66**	**$11,233.82**
Indemnity			**$427,995.54**	**$198,215.28**	**$626,210.82**
Medical			**$51,102.87**	**$3,760.67**	**$54,863.54**
			$487,366.57	**$204,941.61**	**$692,308.18**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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214 - Longwood University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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214 - Longwood University

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

06/30/2026 11:46:40 PM

215 - University of Mary Washington

Grand Totals for 215 - University of Mary Washington	Paid to Date	Outstanding	Incurred
Expense.....	$82,862.77	$120.70	$82,983.47
Indemnity.....	$1,739,213.83	$18,696.02	$1,757,909.85
Medical.....	$2,519,111.36	$178,581.36	$2,697,692.72
	$4,341,187.96	$197,398.08	$4,538,586.04

# of Claims 1,736

 # Open 4 **Recovery Amount:** -$63,653.81

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$71.45	$100.00	$171.45
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$18,450.95	$2,400.00	$20,850.95
			$18,522.40	$2,500.00	$21,022.40
# of Claims	20				
# Open	2	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$87.69	$0.00	$87.69
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$10,657.76	$0.00	$10,657.76
			$10,745.45	$0.00	$10,745.45
# of Claims	18				
# Open	0	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				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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215 - University of Mary Washington

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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215 - University of Mary Washington

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**	**$20.70**	**$21,873.05**
Indemnity			**$266,087.84**	**$18,696.02**	**$284,783.86**
Medical			**$375,126.26**	**$170,101.11**	**$545,227.37**
			$663,066.45	**$188,817.83**	**$851,884.28**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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215 - University of Mary Washington

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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215 - University of Mary Washington

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**	**$0.00**	**$8.00**
Indemnity			**$0.00**	**$0.00**	**$0.00**
Medical			**$45,931.23**	**$0.00**	**$45,931.23**
			$45,939.23	**$0.00**	**$45,939.23**
# of Claims	**36**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	07/01/2003 - 06/30/2004				
Expense			**$20.70**	**$0.00**	**$20.70**
Indemnity			**$7,645.58**	**$0.00**	**$7,645.58**
Medical			**$40,836.28**	**$6,080.25**	**$46,916.53**
			$48,502.56	**$6,080.25**	**$54,582.81**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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215 - University of Mary Washington

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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215 - University of Mary Washington

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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215 - University of Mary Washington

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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215 - University of Mary Washington

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

216 - JAMES MADISON UNIVERSITY

Grand Totals for 216 - JAMES MADISON UNIVERSITY	Paid to Date	Outstanding	Incurred
Expense.....	$439,373.93	$31,915.65	$471,289.58
Indemnity.....	$5,985,335.69	$253,730.67	$6,239,066.36
Medical.....	$11,103,098.43	$1,288,801.98	$12,391,900.41
	$17,527,808.05	$1,574,448.30	$19,102,256.35

# of Claims 8,318
 # Open 38 **Recovery Amount:** -$303,351.31

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$3,560.54	$3,494.98	$7,055.52
Indemnity.....	.....		$9,522.10	$66,095.29	$75,617.39
Medical.....	.....		$136,603.30	$147,421.26	$284,024.56
			$149,685.94	$217,011.53	$366,697.47
# of Claims	131				
# Open	21	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$8,141.32	$5,051.03	$13,192.35
Indemnity.....	.....		$57,353.44	$61,409.97	$118,763.41
Medical.....	.....		$263,428.89	$77,246.47	$340,675.36
			$328,923.65	$143,707.47	$472,631.12
# of Claims	104				
# Open	4	Recovery Amount:	-812.70		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$6,497.23	$0.00	$6,497.23
Indemnity.....	.....		$52,702.51	$0.00	$52,702.51
Medical.....	.....		$180,153.57	$0.00	$180,153.57
			$239,353.31	$0.00	$239,353.31
# of Claims	112				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$831.55	$20.70	$852.25
Indemnity.....	.....		$11,160.04	$0.00	$11,160.04
Medical.....	.....		$88,251.15	$34,365.74	$122,616.89
			$100,242.74	$34,386.44	$134,629.18
# of Claims	91				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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216 - JAMES MADISON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$5,359.89	$7,082.02	$12,441.91
Indemnity.....	.....		$36,838.98	$0.00	$36,838.98
Medical.....	.....		$118,854.32	$9,044.70	$127,899.02
			$161,053.19	$16,126.72	$177,179.91
# 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.....	.....		$26,279.46	$2,475.72	$28,755.18
Indemnity.....	.....		$169,972.15	$35,605.46	$205,577.61
Medical.....	.....		$279,719.93	$4,817.95	$284,537.88
			$475,971.54	$42,899.13	$518,870.67
# of Claims	137				
# Open	1	Recovery Amount:	-4,759.18		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$66,389.78	$13,712.16	$80,101.94
Indemnity.....	.....		$606,716.52	$90,619.95	$697,336.47
Medical.....	.....		$767,995.20	$178,751.89	$946,747.09
			$1,441,101.50	$283,084.00	$1,724,185.50
# of Claims	139				
# Open	3	Recovery Amount:	-371.44		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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216 - JAMES MADISON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**	**$18.82**	**$30,106.00**
Indemnity			**$285,355.39**	**$0.00**	**$285,355.39**
Medical			**$798,774.72**	**$414,649.79**	**$1,213,424.51**
			$1,114,217.29	**$414,668.61**	**$1,528,885.90**
# 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			**$451,851.90**	**$2,820.90**	**$454,672.80**
			$1,217,156.78	**$2,820.90**	**$1,219,977.68**
# of Claims	**164**				
# Open	**1**	**Recovery Amount:**	**-5,421.31**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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216 - JAMES MADISON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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			**$391,521.47**	**$15,060.49**	**$406,581.96**
			$685,939.67	**$15,060.49**	**$701,000.16**
# 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**		

216 - JAMES MADISON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2006 - 06/30/2007				
Expense.....	.....		$19,363.76	$18.82	$19,382.58
Indemnity.....	.....		$226,993.26	$0.00	$226,993.26
Medical.....	.....		$393,623.38	$280,909.03	$674,532.41
			$639,980.40	$280,927.85	$920,908.25
# of Claims	178				
# Open	1	Recovery Amount:	-188.67		
	07/01/2005 - 06/30/2006				
Expense.....	.....		$873.70	$20.70	$894.40
Indemnity.....	.....		$42,801.17	$0.00	$42,801.17
Medical.....	.....		$406,443.77	$35,131.12	$441,574.89
			$450,118.64	$35,151.82	$485,270.46
# 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		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	07/01/2000 - 06/30/2001				
Expense.....	.....		$7,390.50	$20.70	$7,411.20
Indemnity.....	.....		$295,725.08	$0.00	$295,725.08
Medical.....	.....		$339,842.72	$72,927.73	$412,770.45
			$642,958.30	$72,948.43	$715,906.73
# 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		

216 - JAMES MADISON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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.....	.....		$672,627.27	$15,654.91	$688,282.18
			$1,065,726.45	$15,654.91	$1,081,381.36
# of Claims	290				
# Open	1	Recovery Amount:	-1,374.80		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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216 - JAMES MADISON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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216 - JAMES MADISON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

217 - RADFORD UNIVERSITY

Grand Totals for 217 - RADFORD UNIVERSITY	Paid to Date	Outstanding	Incurred
Expense.....	$174,932.02	$11,278.19	$186,210.21
Indemnity.....	$3,346,665.02	$147,753.80	$3,494,418.82
Medical.....	$6,705,797.30	$827,436.63	$7,533,233.93
	$10,227,394.34	$986,468.62	$11,213,862.96

# of Claims	3,586		
# Open	9	Recovery Amount:	-$93,331.82

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$277.41	$77.78	$355.19
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$8,192.58	$2,400.00	$10,592.58
			$8,469.99	$2,477.78	$10,947.77
# of Claims	31				
# Open	2	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$447.71	$3,700.00	$4,147.71
Indemnity.....	.....		$15,888.71	$35,274.32	$51,163.03
Medical.....	.....		$92,847.23	$66,670.98	$159,518.21
			$109,183.65	$105,645.30	$214,828.95
# of Claims	31				
# Open	1	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$4,994.61	$3,593.82	$8,588.43
Indemnity.....	.....		$681.66	$15,973.33	$16,654.99
Medical.....	.....		$235,388.56	$102,640.78	$338,029.34
			$241,064.83	$122,207.93	$363,272.76
# of Claims	20				
# Open	1	Recovery Amount:	-650.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$11,939.69	$3,885.89	$15,825.58
Indemnity.....	.....		$155,040.84	$96,506.15	$251,546.99
Medical.....	.....		$148,829.14	$41,806.63	$190,635.77
			$315,809.67	$142,198.67	$458,008.34
# of Claims	45				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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**				
# 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			**$760.69**	**$0.00**	**$760.69**
Indemnity			**$2,591.99**	**$0.00**	**$2,591.99**
Medical			**$18,967.03**	**$0.00**	**$18,967.03**
			$22,319.71	**$0.00**	**$22,319.71**
# 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			**$62,383.42**	**$0.00**	**$62,383.42**
			$73,895.78	**$0.00**	**$73,895.78**
# of Claims	**50**				
# Open	**0**	**Recovery Amount:**	**0.00**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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217 - RADFORD UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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217 - RADFORD UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**	**$20.70**	**$20,383.68**
Indemnity			**$104,302.04**	**$0.00**	**$104,302.04**
Medical			**$218,386.42**	**$275,737.32**	**$494,123.74**
			$343,051.44	**$275,758.02**	**$618,809.46**
# of Claims	**86**				
# Open	**1**	**Recovery Amount:**	**0.00**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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217 - RADFORD UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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			**$8,292.80**	**$0.00**	**$8,292.80**
Indemnity			**$162,442.37**	**$0.00**	**$162,442.37**
Medical			**$1,592,333.28**	**$338,180.92**	**$1,930,514.20**
			$1,763,068.45	**$338,180.92**	**$2,101,249.37**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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217 - RADFORD UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**	**$0.00**	**$226,153.37**
			$558,846.40	**$0.00**	**$558,846.40**
# of Claims	**195**				
# Open	**0**	**Recovery Amount:**	**0.00**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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217 - RADFORD UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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217 - RADFORD UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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217 - RADFORD UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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.....	$14,486.32	$4,087.55	$18,573.87
Indemnity.....	$447,994.44	$31,868.69	$479,863.13
Medical.....	$1,029,664.20	$128,414.25	$1,158,078.45
	$1,492,144.96	$164,370.49	$1,656,515.45

# of Claims 1,043
 # Open 3 **Recovery Amount:** -$3,076.96

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$146.56	$20.55	$167.11
Indemnity.....	.....		$1,305.38	$10,758.07	$12,063.45
Medical.....	.....		$5,453.71	$8,350.70	$13,804.41
			$6,905.65	$19,129.32	$26,034.97
# of Claims	16				
# Open	1	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$111.17	$4,067.00	$4,178.17
Indemnity.....	.....		$5,515.38	$21,110.62	$26,626.00
Medical.....	.....		$36,670.60	$110,063.55	$146,734.15
			$42,297.15	$135,241.17	$177,538.32
# of Claims	13				
# Open	1	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	$0.00	$26.82
Indemnity.....	.....		$8,689.96	$0.00	$8,689.96
Medical.....	.....		$45,834.58	$0.00	$45,834.58
			$54,551.36	$0.00	$54,551.36
# of Claims	10				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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		
	07/01/2021 - 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				
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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218 - VA School for the Deaf & Blind 218

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2016 - 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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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218 - VA School for the Deaf & Blind 218

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2011 - 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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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218 - VA School for the Deaf & Blind 218

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2006 - 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**		
	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**		

218 - VA School for the Deaf & Blind 218

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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.....	.....		$351,868.67	$10,000.00	$361,868.67
			$535,755.72	$10,000.00	$545,755.72
# of Claims	30				
# Open	1	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		

218 - VA School for the Deaf & Blind 218

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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218 - VA School for the Deaf & Blind 218

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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219 - DEAF/BLIND 219, VA SCHOOL FOR THE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1999 - 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**		

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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.....	$266,127.88	$7,209.09	$273,336.97
Indemnity.....	$4,562,574.46	$49,966.10	$4,612,540.56
Medical.....	$9,125,980.06	$780,766.38	$9,906,746.44
	$13,954,682.40	$837,941.57	$14,792,623.97

# of Claims 3,749
 # Open 26 **Recovery Amount:** -$197,803.37

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$2,919.92	$3,238.50	$6,158.42
Indemnity.....	.....		$15,753.19	$23,252.05	$39,005.24
Medical.....	.....		$51,878.10	$87,809.45	$139,687.55
			$70,551.21	$114,300.00	$184,851.21
# of Claims	79				
# Open	14	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$3,340.28	$197.53	$3,537.81
Indemnity.....	.....		$8,901.99	$0.00	$8,901.99
Medical.....	.....		$141,869.87	$17,888.50	$159,758.37
			$154,112.14	$18,086.03	$172,198.17
# of Claims	95				
# Open	3	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$4,639.90	$3,654.50	$8,294.40
Indemnity.....	.....		$17,288.00	$26,714.05	$44,002.05
Medical.....	.....		$325,753.57	$150,217.34	$475,970.91
			$347,681.47	$180,585.89	$528,267.36
# 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.....	.....		$70,830.48	$0.00	$70,830.48
			$72,125.01	$0.00	$72,125.01
# of Claims	31				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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221 - OLD DOMINION UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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	$20.70	$4,378.13
Indemnity.....	.....		$18,759.01	$0.00	$18,759.01
Medical.....	.....		$54,811.13	$121,002.00	$175,813.13
			$77,927.57	$121,022.70	$198,950.27
# 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.....	.....		$82,310.76	$0.00	$82,310.76
			$120,966.58	$0.00	$120,966.58
# of Claims	45				
# Open	0	Recovery Amount:	0.00		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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221 - OLD DOMINION UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2016 - 06/30/2017				
Expense			**$441.41**	**$20.70**	**$462.11**
Indemnity			**$26,310.75**	**$0.00**	**$26,310.75**
Medical			**$228,160.76**	**$93,284.64**	**$321,445.40**
			$254,912.92	**$93,305.34**	**$348,218.26**
# of Claims	**57**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	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			**$20,991.86**	**$0.00**	**$20,991.86**
Indemnity			**$383,039.23**	**$0.00**	**$383,039.23**
Medical			**$243,487.47**	**$0.00**	**$243,487.47**
			$647,518.56	**$0.00**	**$647,518.56**
# of Claims	**77**				
# Open	**0**	**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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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221 - OLD DOMINION UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	07/01/2010 - 06/30/2011				
Expense			**$14,894.63**	**$18.82**	**$14,913.45**
Indemnity			**$29,270.06**	**$0.00**	**$29,270.06**
Medical			**$230,973.86**	**$33,524.21**	**$264,498.07**
			$275,138.55	**$33,543.03**	**$308,681.58**
# of Claims	**78**				
# Open	**1**	**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**	**$20.70**	**$41,032.47**
Indemnity			**$479,088.41**	**$0.00**	**$479,088.41**
Medical			**$239,598.24**	**$9,407.22**	**$249,005.46**
			$759,698.42	**$9,427.92**	**$769,126.34**
# of Claims	**60**				
# Open	**1**	**Recovery Amount:**	**-2,216.12**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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221 - OLD DOMINION UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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			**$214,682.48**	**$115,462.44**	**$330,144.92**
			$239,642.20	**$115,481.26**	**$355,123.46**
# of Claims	**68**				
# Open	**1**	**Recovery Amount:**	**0.00**		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

221 - OLD DOMINION UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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:	-14,668.65		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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221 - OLD DOMINION UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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			**$1,256,987.02**	**$0.00**	**$1,256,987.02**
			$1,436,678.57	**$0.00**	**$1,436,678.57**
# of Claims	**141**				
# Open	**0**	**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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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221 - OLD DOMINION UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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			**$919,643.95**	**$152,170.58**	**$1,071,814.53**
			$1,148,632.69	**$152,189.40**	**$1,300,822.09**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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221 - OLD DOMINION UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

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.....	$121,320.20	$0.00	$121,320.20
	$151,803.70	$0.00	$151,803.70

# of Claims 126
 # Open 1 **Recovery Amount:** -$2,018.67

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$135.00	$0.00	$135.00
			$135.00	$0.00	$135.00
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	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				

222 - PROF & OCCUP. REG., DEPT.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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		

222 - PROF & OCCUP. REG., DEPT.

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	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.....	.....		$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		

222 - PROF & OCCUP. REG., DEPT.

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.....	.....		$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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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222 - PROF & OCCUP. REG., DEPT.

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			**$154.18**	**$0.00**	**$154.18**
			$154.18	**$0.00**	**$154.18**
# 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			**$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**		

222 - PROF & OCCUP. REG., DEPT.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

222 - PROF & OCCUP. REG., DEPT.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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222 - PROF & OCCUP. REG., DEPT.

Policy	Policy Period	Paid to Date	Outstanding	Incurred

223 - HEALTH PROFESSIONS DEPT.

Grand Totals for 223 - HEALTH PROFESSIONS DEPT.	Paid to Date	Outstanding	Incurred
Expense.....	$389.98	$118.82	$508.80
Indemnity.....	$70,488.20	$7,000.00	$77,488.20
Medical.....	$183,714.65	$123,128.29	$306,842.94
	$254,592.83	$130,247.11	$384,839.94

# of Claims 210
 # Open 2 **Recovery Amount:** -$17,545.23

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$20.70	$100.00	$120.70
Indemnity.....	.....		$0.00	$7,000.00	$7,000.00
Medical.....	.....		$0.00	$12,500.00	$12,500.00
			$20.70	$19,600.00	$19,620.70
# of Claims	2				
# Open	1	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$60.01	$0.00	$60.01
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,574.68	$0.00	$1,574.68
			$1,634.69	$0.00	$1,634.69
# of Claims	7				
# Open	0	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				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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.....	.....		$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.....	.....		$67,613.49	$110,628.29	$178,241.78
			$76,876.44	$110,647.11	$187,523.55
# 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		

223 - HEALTH PROFESSIONS DEPT.

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	5				
# 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.....	.....		$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		

223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

223 - HEALTH PROFESSIONS DEPT.

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	5				
# 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.....	.....		$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		

223 - HEALTH PROFESSIONS DEPT.

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.....	.....		$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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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223 - HEALTH PROFESSIONS DEPT.

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			**$501.93**	**$0.00**	**$501.93**
			$501.93	**$0.00**	**$501.93**
# of Claims	**4**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	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**		

223 - HEALTH PROFESSIONS DEPT.

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.....	.....		$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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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223 - HEALTH PROFESSIONS DEPT.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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.....	$10,645.97	$257.05	$10,903.02
Indemnity.....	$391,585.30	$0.00	$391,585.30
Medical.....	$76,526.82	$3,600.00	$80,126.82
	$478,758.09	$3,857.05	$482,615.14

# of Claims 74

 # Open 3 **Recovery Amount:** -$1,833.75

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$119.02	$257.05	$376.07
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$2,387.21	$3,600.00	$5,987.21
			$2,506.23	$3,857.05	$6,363.28
# of Claims	11				
# Open	3	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$47.64	$0.00	$47.64
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$2,486.65	$0.00	$2,486.65
			$2,534.29	$0.00	$2,534.29
# of Claims	4				
# Open	0	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				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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229 - VPI Coop. Ext. and Ag. Exp. Stn.

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.....	.....		$362.44	$0.00	$362.44
			$362.44	$0.00	$362.44
# of Claims	3				
# 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.....	.....		$45,485.48	$0.00	$45,485.48
			$75,621.00	$0.00	$75,621.00
# 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.....	.....		$364,509.57	$0.00	$364,509.57
Medical.....	.....		$8,252.44	$0.00	$8,252.44
			$379,299.87	$0.00	$379,299.87
# of Claims	20				
# Open	0	Recovery Amount:	-1,833.75		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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229 - VPI Coop. Ext. and Ag. Exp. Stn.

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			**$685.18**	**$0.00**	**$685.18**
			$685.18	**$0.00**	**$685.18**
# of Claims	**4**				
# Open	**0**	**Recovery Amount:**	**0.00**		

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	$0.00	$280.73
Indemnity.....	$787.83	$0.00	$787.83
Medical.....	$12,783.27	$0.00	$12,783.27
	$13,851.83	$0.00	$13,851.83

# of Claims 26
 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period	Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026			
Expense.....	.....	$0.00	$0.00	$0.00
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$1,024.03	$0.00	$1,024.03
		$1,024.03	$0.00	$1,024.03
# of Claims	2			
# Open	0	Recovery Amount: 0.00		
	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	$0.00	$56.46
Indemnity.....	.....	$0.00	$0.00	$0.00
Medical.....	.....	$6,492.02	$0.00	$6,492.02
		$6,548.48	$0.00	$6,548.48
# of Claims	3			
# Open	0	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			

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

234 - VSU Coop. Ext. & Ag. Research Svcs

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.....	.....		$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.....	.....		$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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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234 - VSU Coop. Ext. & Ag. Research Svcs

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			**$873.46**	**$0.00**	**$873.46**
			$881.46	**$0.00**	**$881.46**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**0.00**		

236 - VIRGINIA COMMONWEALTH UNIVERSI

Grand Totals for 236 - VIRGINIA COMMONWEALTH UNIVERSI	Paid to Date	Outstanding	Incurred
Expense.....	$389,687.32	$44,884.76	$434,572.08
Indemnity.....	$6,772,591.74	$230,200.81	$7,002,792.55
Medical.....	$14,388,096.47	$6,816,387.85	$21,204,484.32
	$21,550,375.53	$7,091,473.42	$28,641,848.95

# of Claims 9,069
 # Open 51 **Recovery Amount:** -$710,111.25

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$477.11	$1,539.75	$2,016.86
Indemnity.....	.....		$8,613.11	$30,000.00	$38,613.11
Medical.....	.....		$128,608.77	$122,274.49	$250,883.26
			$137,698.99	$153,814.24	$291,513.23
# of Claims	149				
# Open	27	Recovery Amount:	-4,094.73		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$2,682.09	$2,939.86	$5,621.95
Indemnity.....	.....		$53,624.91	$62,854.05	$116,478.96
Medical.....	.....		$246,737.92	$157,777.18	$404,515.10
			$303,044.92	$223,571.09	$526,616.01
# of Claims	104				
# Open	3	Recovery Amount:	-3,930.80		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$789.12	$344.38	$1,133.50
Indemnity.....	.....		$61,015.35	$0.00	$61,015.35
Medical.....	.....		$214,861.43	$41,036.08	$255,897.51
			$276,665.90	$41,380.46	$318,046.36
# of Claims	130				
# Open	6	Recovery Amount:	-2,116.28		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$2,595.84	$50.00	$2,645.84
Indemnity.....	.....		$17,402.10	$4,561.36	$21,963.46
Medical.....	.....		$103,471.46	$14,298.95	$117,770.41
			$123,469.40	$18,910.31	$142,379.71
# of Claims	103				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	1	Recovery Amount:	-17,835.89		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$880.07	$536.87	$1,416.94
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$86,203.09	$3,388.59	$89,591.68
			$87,083.16	$3,925.46	$91,008.62
# of Claims	110				
# Open	1	Recovery Amount:	-7,478.68		
	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.....	.....		$21,542.82	$20.70	$21,563.52
Indemnity.....	.....		$557,604.50	$94,598.28	$652,202.78
Medical.....	.....		$492,464.99	$3,803.80	$496,268.79
			$1,071,612.31	$98,422.78	$1,170,035.09
# of Claims	156				
# Open	1	Recovery Amount:	-138,233.10		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$21,353.23	$34,709.80	$56,063.03
Indemnity.....	.....		$161,939.92	$0.00	$161,939.92
Medical.....	.....		$369,067.63	$65,057.11	$434,124.74
			$552,360.78	$99,766.91	$652,127.69
# of Claims	146				
# Open	1	Recovery Amount:	-65,453.68		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2016 - 06/30/2017				
Expense			**$22,535.61**	**$4,044.41**	**$26,580.02**
Indemnity			**$392,355.16**	**$38,187.12**	**$430,542.28**
Medical			**$1,248,587.59**	**$4,637,053.09**	**$5,885,640.68**
			$1,663,478.36	**$4,679,284.62**	**$6,342,762.98**
# of Claims	**133**				
# Open	**2**	**Recovery Amount:**	**-64,599.28**		
	07/01/2015 - 06/30/2016				
Expense			**$5,099.51**	**$39.52**	**$5,139.03**
Indemnity			**$53,756.47**	**$0.00**	**$53,756.47**
Medical			**$625,131.68**	**$133,997.90**	**$759,129.58**
			$683,987.66	**$134,037.42**	**$818,025.08**
# of Claims	**182**				
# Open	**2**	**Recovery Amount:**	**-1,453.47**		
	07/01/2014 - 06/30/2015				
Expense			**$15,224.34**	**$0.00**	**$15,224.34**
Indemnity			**$251,151.99**	**$0.00**	**$251,151.99**
Medical			**$579,862.01**	**$1,133,588.44**	**$1,713,450.45**
			$846,238.34	**$1,133,588.44**	**$1,979,826.78**
# 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			**$614,231.99**	**$113,909.02**	**$728,141.01**
			$924,291.68	**$113,909.02**	**$1,038,200.70**
# of Claims	**175**				
# Open	**1**	**Recovery Amount:**	**-15,448.78**		
	07/01/2012 - 06/30/2013				
Expense			**$17,995.04**	**$20.70**	**$18,015.74**
Indemnity			**$246,641.75**	**$0.00**	**$246,641.75**
Medical			**$587,997.26**	**$95,496.51**	**$683,493.77**
			$852,634.05	**$95,517.21**	**$948,151.26**
# of Claims	**164**				
# Open	**1**	**Recovery Amount:**	**-18,709.03**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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			**$582,483.39**	**$124,595.06**	**$707,078.45**
			$881,656.54	**$124,595.06**	**$1,006,251.60**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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			**$545,640.40**	**$101,726.71**	**$647,367.11**
			$755,176.76	**$102,324.08**	**$857,500.84**
# of Claims	**201**				
# Open	**1**	**Recovery Amount:**	**-4,301.89**		
	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**	**$20.70**	**$16,505.69**
Indemnity			**$546,577.98**	**$0.00**	**$546,577.98**
Medical			**$241,622.36**	**$12,054.87**	**$253,677.23**
			$804,685.33	**$12,075.57**	**$816,760.90**
# of Claims	**219**				
# Open	**1**	**Recovery Amount:**	**-26,805.10**		
	07/01/2003 - 06/30/2004				
Expense			**$15,511.47**	**$20.70**	**$15,532.17**
Indemnity			**$224,497.36**	**$0.00**	**$224,497.36**
Medical			**$498,860.81**	**$56,330.05**	**$555,190.86**
			$738,869.64	**$56,350.75**	**$795,220.39**
# 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**		

236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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236 - VIRGINIA COMMONWEALTH UNIVERSI

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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.....	$227,173.65	$69,521.98	$296,695.63
	$267,495.32	$69,540.80	$337,036.12

# 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.....	.....		$227,173.65	$69,521.98	$296,695.63
			$267,495.32	$69,540.80	$337,036.12
# of Claims	1				
# Open	1	Recovery Amount:	0.00		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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238 - VA MUSEUM OF FINE ARTS

Grand Totals for 238 - VA MUSEUM OF FINE ARTS	Paid to Date	Outstanding	Incurred
Expense.....	$60,661.06	$170.70	$60,831.76
Indemnity.....	$256,244.28	$0.00	$256,244.28
Medical.....	$3,445,159.63	$197,632.75	$3,642,792.38
	$3,762,064.97	$197,803.45	$3,959,868.42

# of Claims 772

 # Open 4 **Recovery Amount:** -$4,748.57

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$79.94	$150.00	$229.94
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$5,555.90	$3,600.00	$9,155.90
			$5,635.84	$3,750.00	$9,385.84
# of Claims	26				
# Open	3	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$53.32	$0.00	$53.32
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$6,627.31	$0.00	$6,627.31
			$6,680.63	$0.00	$6,680.63
# of Claims	25				
# Open	0	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.....	.....		$22,167.71	$0.00	$22,167.71
			$22,287.04	$0.00	$22,287.04
# of Claims	22				
# Open	0	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				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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		
	07/01/2021 - 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				
# 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		

238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

238 - VA MUSEUM OF FINE ARTS

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.....	.....		$1,236.00	$0.00	$1,236.00
			$1,236.00	$0.00	$1,236.00
# of Claims	9				
# 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.....	.....		$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		

238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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238 - VA MUSEUM OF FINE ARTS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1986 - 06/30/1987				
Expense			**$58,261.67**	**$20.70**	**$58,282.37**
Indemnity			**$133,015.12**	**$0.00**	**$133,015.12**
Medical			**$2,978,777.05**	**$194,032.75**	**$3,172,809.80**
			$3,170,053.84	**$194,053.45**	**$3,364,107.29**
# of Claims	**34**				
# Open	**1**	**Recovery Amount:**	**0.00**		

239 - VA FRONTIER CULTURE MUSEUM

Grand Totals for 239 - VA FRONTIER CULTURE MUSEUM	Paid to Date	Outstanding	Incurred
Expense.....	$11,636.63	$0.00	$11,636.63
Indemnity.....	$253,808.80	$0.00	$253,808.80
Medical.....	$818,059.53	$0.00	$818,059.53
	$1,083,504.96	$0.00	$1,083,504.96

# of Claims 389
 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$102.85	$0.00	$102.85
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$2,602.62	$0.00	$2,602.62
			$2,705.47	$0.00	$2,705.47
# of Claims	3				
# Open	0	Recovery Amount:	0.00		
	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				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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239 - VA FRONTIER CULTURE MUSEUM

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			**$887.52**	**$0.00**	**$887.52**
			$887.52	**$0.00**	**$887.52**
# 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			**$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**		

239 - VA FRONTIER CULTURE MUSEUM

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.....	.....		$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		
	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		

239 - VA FRONTIER CULTURE MUSEUM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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239 - VA FRONTIER CULTURE MUSEUM

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			**$2,859.29**	**$0.00**	**$2,859.29**
			$2,859.29	**$0.00**	**$2,859.29**
# of Claims	**11**				
# 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			**$1,214.48**	**$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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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239 - VA FRONTIER CULTURE MUSEUM

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			**$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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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241 - RICHARD BLAND COLLEGE

Grand Totals for 241 - RICHARD BLAND COLLEGE	Paid to Date	Outstanding	Incurred
Expense.....	$4,535.84	$347.40	$4,883.24
Indemnity.....	$110,111.97	$3,408.75	$113,520.72
Medical.....	$233,808.55	$41,207.20	$275,015.75
	$348,456.36	$44,963.35	$393,419.71

# of Claims 146

 # Open 2 **Recovery Amount:** -$208.40

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$123.30	$347.40	$470.70
Indemnity.....	.....		$0.00	$3,408.75	$3,408.75
Medical.....	.....		$9,042.80	$41,207.20	$50,250.00
			$9,166.10	$44,963.35	$54,129.45
# of Claims	5				
# Open	2	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$109.85	$0.00	$109.85
Indemnity.....	.....		$15,585.25	$0.00	$15,585.25
Medical.....	.....		$17,816.71	$0.00	$17,816.71
			$33,511.81	$0.00	$33,511.81
# of Claims	6				
# 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.....	.....		$0.00	$0.00	$0.00
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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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**		
	07/01/2021 - 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**				
# 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**		

241 - RICHARD BLAND COLLEGE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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241 - RICHARD BLAND COLLEGE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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241 - RICHARD BLAND COLLEGE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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241 - RICHARD BLAND COLLEGE

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			**$2,367.30**	**$0.00**	**$2,367.30**
			$2,367.30	**$0.00**	**$2,367.30**
# 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			**$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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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241 - RICHARD BLAND COLLEGE

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			**$728.11**	**$0.00**	**$728.11**
			$728.11	**$0.00**	**$728.11**
# of Claims	**5**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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241 - RICHARD BLAND COLLEGE

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			**$753.08**	**$0.00**	**$753.08**
			$753.08	**$0.00**	**$753.08**
# 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			**$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**		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

242 - CHRISTOPHER NEWPORT UNIVERSITY

Grand Totals for 242 - CHRISTOPHER NEWPORT UNIVERSITY	Paid to Date	Outstanding	Incurred
Expense.....	$98,514.73	$4,479.52	$102,994.25
Indemnity.....	$1,310,084.70	$19,985.52	$1,330,070.22
Medical.....	$2,970,795.61	$449,940.53	$3,420,736.14
	$4,379,395.04	$474,405.57	$4,853,800.61

# of Claims	1,489		
# Open	12	Recovery Amount:	-$8,282.76

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$443.11	$4,408.82	$4,851.93
Indemnity.....	.....		$9,991.08	$19,985.52	$29,976.60
Medical.....	.....		$30,351.41	$53,628.52	$83,979.93
			$40,785.60	$78,022.86	$118,808.46
# of Claims	80				
# Open	9	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$277.76	$0.00	$277.76
Indemnity.....	.....		$4,374.19	$0.00	$4,374.19
Medical.....	.....		$63,709.84	$0.00	$63,709.84
			$68,361.79	$0.00	$68,361.79
# of Claims	92				
# Open	0	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.....	.....		$10,504.04	$997.65	$11,501.69
			$13,748.34	$1,028.83	$14,777.17
# 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				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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.....	.....		$114,044.60	$0.00	$114,044.60
			$147,615.18	$0.00	$147,615.18
# of Claims	41				
# Open	0	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.....	.....		$2,268.88	$0.00	$2,268.88
Indemnity.....	.....		$16,906.75	$0.00	$16,906.75
Medical.....	.....		$55,871.16	$0.00	$55,871.16
			$75,046.79	$0.00	$75,046.79
# of Claims	40				
# Open	0	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	07/01/2000 - 06/30/2001				
Expense			**$13,714.82**	**$18.82**	**$13,733.64**
Indemnity			**$291,710.90**	**$0.00**	**$291,710.90**
Medical			**$198,615.62**	**$4,526.37**	**$203,141.99**
			$504,041.34	**$4,545.19**	**$508,586.53**
# of Claims	**30**				
# Open	**1**	**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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1996 - 06/30/1997				
Expense			**$1,169.70**	**$20.70**	**$1,190.40**
Indemnity			**$1,152.65**	**$0.00**	**$1,152.65**
Medical			**$1,112,319.51**	**$390,787.99**	**$1,503,107.50**
			$1,114,641.86	**$390,808.69**	**$1,505,450.55**
# of Claims	**18**				
# Open	**1**	**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			**$2,573.68**	**$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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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242 - CHRISTOPHER NEWPORT UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

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				

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

06/30/2026 11:46:40 PM

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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

06/30/2026 11:46:40 PM

246 - UVA College at Wise

Grand Totals for 246 - UVA College at Wise	Paid to Date	Outstanding	Incurred
Expense.....	$38,416.29	$6,121.42	$44,537.71
Indemnity.....	$502,319.56	$207,170.08	$709,489.64
Medical.....	$802,363.12	$248,158.64	$1,050,521.76
	$1,343,098.97	$461,450.14	$1,804,549.11

# of Claims 294

 # Open 4 **Recovery Amount:** -$945.99

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$50.70	$3,720.00	$3,770.70
Indemnity.....	.....		$2,745.56	$15,272.23	$18,017.79
Medical.....	.....		$21,113.39	$17,593.85	$38,707.24
			$23,909.65	$36,586.08	$60,495.73
# of Claims	6				
# Open	2	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$113.19	$0.00	$113.19
Indemnity.....	.....		$1,179.60	$0.00	$1,179.60
Medical.....	.....		$78,104.70	$0.00	$78,104.70
			$79,397.49	$0.00	$79,397.49
# of Claims	6				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$70.47	$0.00	$70.47
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$7,814.96	$0.00	$7,814.96
			$7,885.43	$0.00	$7,885.43
# of Claims	6				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$6,068.35	$1,796.98	$7,865.33
Indemnity.....	.....		$60,083.70	$35,743.73	$95,827.43
Medical.....	.....		$161,813.78	$153,896.71	$315,710.49
			$227,965.83	$191,437.42	$419,403.25
# of Claims	5				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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246 - UVA College at Wise

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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**				
# 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**	**$604.44**	**$20,519.20**
Indemnity			**$192,615.80**	**$156,154.12**	**$348,769.92**
Medical			**$77,888.57**	**$76,668.08**	**$154,556.65**
			$290,419.13	**$233,426.64**	**$523,845.77**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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246 - UVA College at Wise

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**		
	07/01/2015 - 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**		

246 - UVA College at Wise

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

246 - UVA College at Wise

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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246 - UVA College at Wise

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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246 - UVA College at Wise

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

06/30/2026 11:46:40 PM

246 - UVA College at Wise

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

06/30/2026 11:46:40 PM

247 - GEORGE MASON UNIVERSITY

Grand Totals for 247 - GEORGE MASON UNIVERSITY	Paid to Date	Outstanding	Incurred
Expense.....	$193,499.37	$10,163.49	$203,662.86
Indemnity.....	$4,162,556.02	$74,759.75	$4,237,315.77
Medical.....	$7,309,130.52	$275,640.55	$7,584,771.07
	$11,665,185.91	$360,563.79	$12,025,749.70

# of Claims 3,657

 # Open 14 **Recovery Amount:** -$103,179.21

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$1,014.77	$8,101.30	$9,116.07
Indemnity.....	.....		$38,481.36	$74,759.75	$113,241.11
Medical.....	.....		$49,408.88	$96,945.14	$146,354.02
			$88,905.01	$179,806.19	$268,711.20
# of Claims	58				
# Open	12	Recovery Amount:	-4,446.99		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$7,923.47	$78.19	$8,001.66
Indemnity.....	.....		$35,916.68	$0.00	$35,916.68
Medical.....	.....		$151,760.22	$4,847.55	$156,607.77
			$195,600.37	$4,925.74	$200,526.11
# of Claims	69				
# Open	1	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$3,346.30	$0.00	$3,346.30
Indemnity.....	.....		$63,122.38	$0.00	$63,122.38
Medical.....	.....		$135,939.78	$0.00	$135,939.78
			$202,408.46	$0.00	$202,408.46
# of Claims	65				
# Open	0	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$1,103.53	$0.00	$1,103.53
Indemnity.....	.....		$23,317.14	$0.00	$23,317.14
Medical.....	.....		$88,088.45	$0.00	$88,088.45
			$112,509.12	$0.00	$112,509.12
# of Claims	66				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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247 - GEORGE MASON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	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.....	.....		$112,250.79	$0.00	$112,250.79
			$251,106.48	$0.00	$251,106.48
# of Claims	77				
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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247 - GEORGE MASON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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			**$438,000.25**	**$173,847.86**	**$611,848.11**
			$659,105.76	**$175,831.86**	**$834,937.62**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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247 - GEORGE MASON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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			**$37,177.51**	**$0.00**	**$37,177.51**
Indemnity			**$594,026.05**	**$0.00**	**$594,026.05**
Medical			**$876,810.64**	**$0.00**	**$876,810.64**
			$1,508,014.20	**$0.00**	**$1,508,014.20**
# of Claims	**103**				
# Open	**0**	**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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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247 - GEORGE MASON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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247 - GEORGE MASON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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247 - GEORGE MASON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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247 - GEORGE MASON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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247 - GEORGE MASON UNIVERSITY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

261 - VA COMMUNITY COLLEGE SYSTEM

Grand Totals for 261 - VA COMMUNITY COLLEGE SYSTEM	Paid to Date	Outstanding	Incurred
Expense.....	$708,330.79	$88,696.34	$797,027.13
Indemnity.....	$12,269,600.71	$670,042.62	$12,939,643.33
Medical.....	$23,716,995.43	$3,837,223.85	$27,554,219.28
	$36,694,926.93	$4,595,962.81	$41,290,889.74

# of Claims 7,801
 # Open 51 **Recovery Amount:** -$465,302.42

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$2,072.79	$11,561.32	$13,634.11
Indemnity.....	.....		$24,011.06	$180,779.49	$204,790.55
Medical.....	.....		$182,533.77	$441,589.74	$624,123.51
			$208,617.62	$633,930.55	$842,548.17
# of Claims	100				
# Open	20	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$5,136.62	$2,895.20	$8,031.82
Indemnity.....	.....		$73,072.65	$24,933.20	$98,005.85
Medical.....	.....		$352,360.87	$56,234.95	$408,595.82
			$430,570.14	$84,063.35	$514,633.49
# of Claims	109				
# Open	2	Recovery Amount:	-1,387.34		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$1,256.68	$500.00	$1,756.68
Indemnity.....	.....		$14,876.02	$14,692.88	$29,568.90
Medical.....	.....		$164,244.35	$44,090.55	$208,334.90
			$180,377.05	$59,283.43	$239,660.48
# of Claims	117				
# Open	1	Recovery Amount:	-3,592.41		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$1,167.10	$0.00	$1,167.10
Indemnity.....	.....		$59,090.54	$0.00	$59,090.54
Medical.....	.....		$165,889.20	$0.00	$165,889.20
			$226,146.84	$0.00	$226,146.84
# of Claims	107				

261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	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.....	.....		$182,874.89	$210,743.97	$393,618.86
			$249,296.35	$226,559.09	$475,855.44
# of Claims	93				
# Open	1	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$6,712.87	$0.00	$6,712.87
Indemnity.....	.....		$64,847.26	$0.00	$64,847.26
Medical.....	.....		$123,988.98	$0.00	$123,988.98
			$195,549.11	$0.00	$195,549.11
# of Claims	77				
# Open	0	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$18,993.68	$5,051.44	$24,045.12
Indemnity.....	.....		$226,360.63	$76,460.13	$302,820.76
Medical.....	.....		$503,451.68	$243,060.61	$746,512.29
			$748,805.99	$324,572.18	$1,073,378.17
# of Claims	115				
# Open	3	Recovery Amount:	-11,971.36		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$1,314.98	$3,837.64	$5,152.62
Indemnity.....	.....		$90,228.25	$45,971.80	$136,200.05
Medical.....	.....		$288,210.02	$102,943.95	$391,153.97
			$379,753.25	$152,753.39	$532,506.64
# of Claims	145				
# Open	2	Recovery Amount:	-19,427.97		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$10,520.29	$2,424.16	$12,944.45
Indemnity.....	.....		$404,496.23	$118,123.97	$522,620.20
Medical.....	.....		$472,660.70	$59,631.25	$532,291.95
			$887,677.22	$180,179.38	$1,067,856.60
# of Claims	199				
# Open	3	Recovery Amount:	0.00		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

06/30/2026 11:46:40 PM

261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	07/01/2015 - 06/30/2016				
Expense			**$21,729.48**	**$20.70**	**$21,750.18**
Indemnity			**$163,317.18**	**$501.38**	**$163,818.56**
Medical			**$193,138.87**	**$135,557.52**	**$328,696.39**
			$378,185.53	**$136,079.60**	**$514,265.13**
# 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**	**$41.40**	**$32,197.62**
Indemnity			**$138,460.69**	**$0.00**	**$138,460.69**
Medical			**$1,541,661.32**	**$151,045.47**	**$1,692,706.79**
			$1,712,278.23	**$151,086.87**	**$1,863,365.10**
# of Claims	**241**				
# Open	**2**	**Recovery Amount:**	**-75,107.46**		
	07/01/2012 - 06/30/2013				
Expense			**$125,089.54**	**$10,991.86**	**$136,081.40**
Indemnity			**$1,601,763.19**	**$189,374.90**	**$1,791,138.09**
Medical			**$906,964.45**	**$50,550.13**	**$957,514.58**
			$2,633,817.18	**$250,916.89**	**$2,884,734.07**
# of Claims	**208**				
# Open	**2**	**Recovery Amount:**	**-125.61**		

261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2011 - 06/30/2012				
Expense.....	.....		$32,734.98	$0.00	$32,734.98
Indemnity.....	.....		$427,478.20	$0.00	$427,478.20
Medical.....	.....		$637,172.85	$0.00	$637,172.85
			$1,097,386.03	$0.00	$1,097,386.03
# of Claims	242				
# Open	0	Recovery Amount:	-26,431.91		
	07/01/2010 - 06/30/2011				
Expense.....	.....		$57,669.20	$20.70	$57,689.90
Indemnity.....	.....		$525,429.00	$0.00	$525,429.00
Medical.....	.....		$1,300,355.87	$9,685.78	$1,310,041.65
			$1,883,454.07	$9,706.48	$1,893,160.55
# of Claims	231				
# Open	1	Recovery Amount:	-3,146.95		
	07/01/2009 - 06/30/2010				
Expense.....	.....		$22,854.25	$0.00	$22,854.25
Indemnity.....	.....		$753,550.00	$0.00	$753,550.00
Medical.....	.....		$622,885.82	$0.00	$622,885.82
			$1,399,290.07	$0.00	$1,399,290.07
# of Claims	192				
# Open	0	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		

261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	07/01/2005 - 06/30/2006				
Expense.....	.....		$26,688.85	$20.70	$26,709.55
Indemnity.....	.....		$560,224.64	$0.00	$560,224.64
Medical.....	.....		$440,696.66	$33,287.88	$473,984.54
			$1,027,610.15	$33,308.58	$1,060,918.73
# of Claims	216				
# Open	1	Recovery Amount:	-48,990.78		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$33,588.50	$20.70	$33,609.20
Indemnity.....	.....		$445,692.69	$0.00	$445,692.69
Medical.....	.....		$380,945.16	$112,735.13	$493,680.29
			$860,226.35	$112,755.83	$972,982.18
# 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.....	.....		$9,521.64	$12,721.78	$22,243.42
Indemnity.....	.....		$137,083.74	$0.00	$137,083.74
Medical.....	.....		$656,797.78	$232,491.48	$889,289.26
			$803,403.16	$245,213.26	$1,048,616.42
# of Claims	177				
# Open	2	Recovery Amount:	-87.75		

261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	07/01/2000 - 06/30/2001				
Expense.....	.....		$15,821.41	$0.00	$15,821.41
Indemnity.....	.....		$565,349.30	$0.00	$565,349.30
Medical.....	.....		$2,370,443.51	$0.00	$2,370,443.51
			$2,951,614.22	$0.00	$2,951,614.22
# of Claims	205				
# Open	0	Recovery Amount:	-101,592.52		
	07/01/1999 - 06/30/2000				
Expense.....	.....		$30,866.24	$20.70	$30,886.94
Indemnity.....	.....		$192,088.50	$0.00	$192,088.50
Medical.....	.....		$1,168,307.42	$144,231.38	$1,312,538.80
			$1,391,262.16	$144,252.08	$1,535,514.24
# 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.....	.....		$1,033,983.82	$171,058.77	$1,205,042.59
			$1,703,271.83	$171,077.59	$1,874,349.42
# of Claims	232				
# Open	1	Recovery Amount:	-2,686.41		

261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1996 - 06/30/1997				
Expense.....	.....		$22,807.82	$30,139.75	$52,947.57
Indemnity.....	.....		$721,242.09	$0.00	$721,242.09
Medical.....	.....		$899,081.62	$304,811.01	$1,203,892.63
			$1,643,131.53	$334,950.76	$1,978,082.29
# of Claims	233				
# Open	2	Recovery Amount:	-582.38		
	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	$0.00	$352,729.40
			$479,966.24	$0.00	$479,966.24
# of Claims	243				
# Open	0	Recovery Amount:	-9,434.59		
	07/01/1993 - 06/30/1994				
Expense.....	.....		$9,295.73	$20.70	$9,316.43
Indemnity.....	.....		$781,992.07	$0.00	$781,992.07
Medical.....	.....		$1,283,423.38	$111,910.16	$1,395,333.54
			$2,074,711.18	$111,930.86	$2,186,642.04
# of Claims	283				
# Open	1	Recovery Amount:	-816.49		
	07/01/1992 - 06/30/1993				
Expense.....	.....		$39,179.53	$0.00	$39,179.53
Indemnity.....	.....		$440,713.19	$0.00	$440,713.19
Medical.....	.....		$1,831,348.96	$1,170,422.44	$3,001,771.40
			$2,311,241.68	$1,170,422.44	$3,481,664.12
# of Claims	293				
# Open	1	Recovery Amount:	-1,594.53		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**	**$8,292.52**	**$35,359.97**
Indemnity			**$487,284.97**	**$0.00**	**$487,284.97**
Medical			**$782,508.18**	**$26,263.55**	**$808,771.73**
			$1,296,860.60	**$34,556.07**	**$1,331,416.67**
# 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			**$215,714.99**	**$21,165.64**	**$236,880.63**
			$328,190.49	**$21,165.64**	**$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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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261 - VA COMMUNITY COLLEGE SYSTEM

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

262 - Dept of Aging and Rehab Service

Grand Totals for 262 - Dept of Aging and Rehab Service	Paid to Date	Outstanding	Incurred
Expense.....	$161,612.85	$6,193.36	$167,806.21
Indemnity.....	$4,363,172.00	$63,741.57	$4,426,913.57
Medical.....	$7,360,057.94	$2,238,543.01	$9,598,600.95
	$11,884,842.79	$2,308,477.94	$14,193,320.73

# of Claims 2,439
 # Open 18 **Recovery Amount:** -$175,193.23

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$181.50	$150.00	$331.50
Indemnity.....	.....		$0.00	$5,000.00	$5,000.00
Medical.....	.....		$494.49	$6,700.00	$7,194.49
			$675.99	$11,850.00	$12,525.99
# of Claims	20				
# Open	2	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$323.68	$150.00	$473.68
Indemnity.....	.....		$0.00	$5,000.00	$5,000.00
Medical.....	.....		$5,159.10	$5,050.00	$10,209.10
			$5,482.78	$10,200.00	$15,682.78
# of Claims	21				
# Open	2	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$2,586.36	$72.13	$2,658.49
Indemnity.....	.....		$36,168.76	$2,000.00	$38,168.76
Medical.....	.....		$52,433.80	$23,347.89	$75,781.69
			$91,188.92	$25,420.02	$116,608.94
# of Claims	17				
# Open	1	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$194.74	$0.00	$194.74
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$23,354.85	$147,011.14	$170,365.99
			$23,549.59	$147,011.14	$170,560.73
# of Claims	10				

262 - Dept of Aging and Rehab Service

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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.....	.....		$4,409.57	$884.85	$5,294.42
Indemnity.....	.....		$180,856.15	$51,741.57	$232,597.72
Medical.....	.....		$331,490.40	$462,008.19	$793,498.59
			$516,756.12	$514,634.61	$1,031,390.73
# of Claims	31				
# Open	3	Recovery Amount:	-12,063.20		

262 - Dept of Aging and Rehab Service

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2016 - 06/30/2017				
Expense.....	.....		$2,593.06	$20.70	$2,613.76
Indemnity.....	.....		$79,570.04	$0.00	$79,570.04
Medical.....	.....		$115,377.28	$14,502.77	$129,880.05
			$197,540.38	$14,523.47	$212,063.85
# of Claims	38				
# Open	1	Recovery Amount:	-279.96		
	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	$18.82	$15,757.10
Indemnity.....	.....		$482,747.12	$0.00	$482,747.12
Medical.....	.....		$573,134.22	$396,159.00	$969,293.22
			$1,071,619.62	$396,177.82	$1,467,797.44
# of Claims	50				
# Open	1	Recovery Amount:	-5,472.23		
	07/01/2012 - 06/30/2013				
Expense.....	.....		$4,482.38	$1,655.89	$6,138.27
Indemnity.....	.....		$13,233.92	$0.00	$13,233.92
Medical.....	.....		$75,229.75	$2,071.89	$77,301.64
			$92,946.05	$3,727.78	$96,673.83
# of Claims	49				
# Open	1	Recovery Amount:	0.00		

262 - Dept of Aging and Rehab Service

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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.....	.....		$152,673.63	$0.00	$152,673.63
			$157,722.07	$0.00	$157,722.07
# of Claims	36				
# Open	0	Recovery Amount:	-1,280.59		
	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		

262 - Dept of Aging and Rehab Service

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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.....	.....		$1,053,242.05	$158,549.57	$1,211,791.62
			$1,493,068.34	$158,549.57	$1,651,617.91
# 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.....	.....		$8,511.80	$3,049.70	$11,561.50
Indemnity.....	.....		$114,940.67	$0.00	$114,940.67
Medical.....	.....		$59,338.43	$17,029.84	$76,368.27
			$182,790.90	$20,079.54	$202,870.44
# of Claims	68				
# Open	1	Recovery Amount:	-83.00		

262 - Dept of Aging and Rehab Service

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.....	.....		$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		
	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	$151.75	$2,625.71
Indemnity.....	.....		$67,677.00	$0.00	$67,677.00
Medical.....	.....		$245,296.01	$204,242.64	$449,538.65
			$315,446.97	$204,394.39	$519,841.36
# of Claims	81				
# Open	2	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.....	.....		$342,408.16	$114,878.05	$457,286.21
			$485,939.90	$114,896.87	$600,836.77
# of Claims	94				
# Open	1	Recovery Amount:	0.00		

262 - Dept of Aging and Rehab Service

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

262 - Dept of Aging and Rehab Service

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	07/01/1990 - 06/30/1991				
Expense.....	.....		$4,941.52	$20.70	$4,962.22
Indemnity.....	.....		$206,404.56	$0.00	$206,404.56
Medical.....	.....		$912,789.72	$686,992.03	$1,599,781.75
			$1,124,135.80	$687,012.73	$1,811,148.53
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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262 - Dept of Aging and Rehab Service

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

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			

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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.....	$22,819.37	$3,373.90	$26,193.27
Indemnity.....	$492,498.67	$124,052.83	$616,551.50
Medical.....	$2,126,697.89	$177,045.15	$2,303,743.04
	$2,642,015.93	$304,471.88	$2,946,487.81

# of Claims 1,113
 # Open 5 **Recovery Amount:** -$13,804.28

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$84.56	$125.00	$209.56
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$3,224.35	$10,163.92	$13,388.27
			$3,308.91	$10,288.92	$13,597.83
# of Claims	8				
# Open	2	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$74.60	$0.00	$74.60
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,977.65	$0.00	$1,977.65
			$2,052.25	$0.00	$2,052.25
# of Claims	9				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$5,509.44	$3,228.20	$8,737.64
Indemnity.....	.....		$46,341.47	$124,052.83	$170,394.30
Medical.....	.....		$77,630.88	$155,193.13	$232,824.01
			$129,481.79	$282,474.16	$411,955.95
# of Claims	7				
# Open	1	Recovery Amount:	-12,287.70		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$72.92	$0.00	$72.92
Indemnity.....	.....		$33,979.27	$0.00	$33,979.27
Medical.....	.....		$110,438.91	$0.00	$110,438.91
			$144,491.10	$0.00	$144,491.10
# of Claims	15				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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268 - MARINE SCIENCE, VA INST. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$68.70	$0.00	$68.70
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$17,706.96	$2,602.60	$20,309.56
			$17,775.66	$2,602.60	$20,378.26
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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268 - MARINE SCIENCE, VA INST. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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268 - MARINE SCIENCE, VA INST. OF

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			**$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**		
	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**		

268 - MARINE SCIENCE, VA INST. 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			**$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**		
	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**		

268 - MARINE SCIENCE, VA INST. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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	$20.70	$326.54
Indemnity.....	.....		$35,973.27	$0.00	$35,973.27
Medical.....	.....		$212,954.52	$9,085.50	$222,040.02
			$249,233.63	$9,106.20	$258,339.83
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

06/30/2026 11:46:40 PM

268 - MARINE SCIENCE, VA INST. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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.....	$85,146.11	$3,685.07	$88,831.18
Indemnity.....	$2,562,658.03	$117,554.52	$2,680,212.55
Medical.....	$3,909,139.46	$573,372.72	$4,482,512.18
	$6,556,943.60	$694,612.31	$7,251,555.91

# of Claims 1,326
 # Open 12 **Recovery Amount:** -$150,329.71

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$222.53	$683.67	$906.20
Indemnity.....	.....		$3,240.85	$25,045.76	$28,286.61
Medical.....	.....		$13,374.89	$29,351.88	$42,726.77
			$16,838.27	$55,081.31	$71,919.58
# of Claims	49				
# Open	7	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$141.37	$0.00	$141.37
Indemnity.....	.....		$11,680.89	$0.00	$11,680.89
Medical.....	.....		$42,103.71	$0.00	$42,103.71
			$53,925.97	$0.00	$53,925.97
# of Claims	57				
# Open	0	Recovery Amount:	-1,233.13		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$186.27	$2,800.00	$2,986.27
Indemnity.....	.....		$27,668.13	$40,830.23	$68,498.36
Medical.....	.....		$37,254.40	$38,071.21	$75,325.61
			$65,108.80	$81,701.44	$146,810.24
# of Claims	43				
# Open	2	Recovery Amount:	0.00		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$3,221.68	$160.00	$3,381.68
Indemnity.....	.....		$45,628.14	$51,678.53	$97,306.67
Medical.....	.....		$92,209.80	$56,890.82	$149,100.62
			$141,059.62	$108,729.35	$249,788.97
# of Claims	41				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# Open	0	Recovery Amount:	-1,115.34		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$179.42	$0.00	$179.42
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$22,105.02	$0.00	$22,105.02
			$22,284.44	$0.00	$22,284.44
# 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	$20.70	$279.44
Indemnity.....	.....		$13,433.67	$0.00	$13,433.67
Medical.....	.....		$127,261.64	$32,629.71	$159,891.35
			$140,954.05	$32,650.41	$173,604.46
# 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		

301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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	$20.70	$983.41
Indemnity.....	.....		$44,731.17	$0.00	$44,731.17
Medical.....	.....		$969,568.29	$416,429.10	$1,385,997.39
			$1,015,262.17	$416,449.80	$1,431,711.97
# of Claims	25				
# Open	1	Recovery Amount:	-25,280.22		

301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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	0	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		

301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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301 - AGRIC & CONSUMER SERVS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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.....	$52.82	$7.18	$60.00
Indemnity.....	$0.00	$0.00	$0.00
Medical.....	$6,650.53	$21,802.80	$28,453.33
	$6,703.35	$21,809.98	$28,513.33

# of Claims 11

 # Open 1 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$52.82	$7.18	$60.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$5,197.20	$21,802.80	$27,000.00
			$5,250.02	$21,809.98	$27,060.00
# of Claims	4				
# Open	1	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,453.33	$0.00	$1,453.33
			$1,453.33	$0.00	$1,453.33
# 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		

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 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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		

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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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.....	$90,996.38	$90,097.52	$181,093.90
Indemnity.....	$2,539,741.78	$0.00	$2,539,741.78
Medical.....	$2,754,019.31	$537,659.82	$3,291,679.13
	$5,384,757.47	$627,757.34	$6,012,514.81

# of Claims 568
 # Open 6 **Recovery Amount:** -$48,511.39

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$41.40	$50.00	$91.40
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$716.07	$1,200.00	$1,916.07
			$757.47	$1,250.00	$2,007.47
# of Claims	13				
# Open	1	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$18.82	$68.82	$87.64
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$29,252.67	$417.86	$29,670.53
			$29,271.49	$486.68	$29,758.17
# of Claims	11				
# Open	1	Recovery Amount:	-1,585.02		
	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				

402 - MARINE RESOURCES COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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	$0.00	$66.67
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$2,992.49	$0.00	$2,992.49
			$3,059.16	$0.00	$3,059.16
# of Claims	6				
# Open	0	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		

402 - MARINE RESOURCES COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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.....	.....		$36,420.08	$20,734.39	$57,154.47
Indemnity.....	.....		$612,665.49	$0.00	$612,665.49
Medical.....	.....		$274,355.65	$31,330.62	$305,686.27
			$923,441.22	$52,065.01	$975,506.23
# 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		

402 - MARINE RESOURCES COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2011 - 06/30/2012				
Expense.....	.....		$15,804.09	$18.82	$15,822.91
Indemnity.....	.....		$237,004.74	$0.00	$237,004.74
Medical.....	.....		$448,340.36	$170,611.11	$618,951.47
			$701,149.19	$170,629.93	$871,779.12
# of Claims	12				
# Open	1	Recovery Amount:	-2,363.17		
	07/01/2010 - 06/30/2011				
Expense.....	.....		$48.00	$18.82	$66.82
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$33,225.39	$19,047.67	$52,273.06
			$33,273.39	$19,066.49	$52,339.88
# 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		

402 - MARINE RESOURCES COMMISSION

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.....	.....		$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		
	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		

402 - MARINE RESOURCES COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2001 - 06/30/2002				
Expense.....	.....		$19,730.89	$69,206.67	$88,937.56
Indemnity.....	.....		$168,908.90	$0.00	$168,908.90
Medical.....	.....		$348,378.63	$315,052.56	$663,431.19
			$537,018.42	$384,259.23	$921,277.65
# of Claims	19				
# Open	1	Recovery Amount:	0.00		
	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		

402 - MARINE RESOURCES COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

402 - MARINE RESOURCES COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

06/30/2026 11:46:40 PM

402 - MARINE RESOURCES COMMISSION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

403 - Department of Wildlife Resources

Grand Totals for 403 - Department of Wildlife Resources	Paid to Date	Outstanding	Incurred
Expense.....	$181,832.02	$77,706.57	$259,538.59
Indemnity.....	$4,555,806.24	$595,470.40	$5,151,276.64
Medical.....	$8,441,024.98	$4,412,393.87	$12,853,418.85
	$13,178,663.24	$5,085,570.84	$18,264,234.08

# of Claims 2,131
 # Open 28 **Recovery Amount:** -$213,057.99

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$188.08	$250.36	$438.44
Indemnity.....	.....		$974.41	$26,025.59	$27,000.00
Medical.....	.....		$12,617.54	$72,107.40	$84,724.94
			$13,780.03	$98,383.35	$112,163.38
# of Claims	33				
# Open	5	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$1,920.77	$0.00	$1,920.77
Indemnity.....	.....		$27,321.95	$0.00	$27,321.95
Medical.....	.....		$62,552.45	$0.00	$62,552.45
			$91,795.17	$0.00	$91,795.17
# of Claims	38				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$1,658.15	$23,046.83	$24,704.98
Indemnity.....	.....		$3,276.24	$0.00	$3,276.24
Medical.....	.....		$121,088.22	$2,782,580.96	$2,903,669.18
			$126,022.61	$2,805,627.79	$2,931,650.40
# of Claims	60				
# Open	1	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				

403 - Department of Wildlife Resources

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# Open	0	Recovery Amount:	-1,550.35		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$4,155.75	$18.82	$4,174.57
Indemnity.....	.....		$22,304.77	$0.00	$22,304.77
Medical.....	.....		$89,654.46	$74,949.09	$164,603.55
			$116,114.98	$74,967.91	$191,082.89
# of Claims	54				
# Open	2	Recovery Amount:	-4,782.94		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$33,430.08	$6,971.08	$40,401.16
Indemnity.....	.....		$735,357.11	$379,971.59	$1,115,328.70
Medical.....	.....		$331,146.09	$184,279.97	$515,426.06
			$1,099,933.28	$571,222.64	$1,671,155.92
# of Claims	60				
# Open	2	Recovery Amount:	-14,857.67		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$5,840.11	$720.70	$6,560.81
Indemnity.....	.....		$456,783.09	$132,553.61	$589,336.70
Medical.....	.....		$272,590.27	$95,133.91	$367,724.18
			$735,213.47	$228,408.22	$963,621.69
# of Claims	64				
# Open	2	Recovery Amount:	-5,713.35		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$5,548.66	$31,139.45	$36,688.11
Indemnity.....	.....		$27,087.21	$0.00	$27,087.21
Medical.....	.....		$90,199.41	$95,079.73	$185,279.14
			$122,835.28	$126,219.18	$249,054.46
# of Claims	61				
# Open	1	Recovery Amount:	0.00		

403 - Department of Wildlife Resources

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	07/01/2015 - 06/30/2016				
Expense.....	.....		$13,105.07	$0.00	$13,105.07
Indemnity.....	.....		$134,744.25	$0.00	$134,744.25
Medical.....	.....		$61,597.43	$0.00	$61,597.43
			$209,446.75	$0.00	$209,446.75
# of Claims	29				
# Open	0	Recovery Amount:	0.00		
	07/01/2014 - 06/30/2015				
Expense.....	.....		$4,711.21	$1,090.00	$5,801.21
Indemnity.....	.....		$109,580.18	$0.00	$109,580.18
Medical.....	.....		$434,747.85	$23,982.67	$458,730.52
			$549,039.24	$25,072.67	$574,111.91
# of Claims	44				
# Open	1	Recovery Amount:	0.00		
	07/01/2013 - 06/30/2014				
Expense.....	.....		$7,680.64	$20.70	$7,701.34
Indemnity.....	.....		$120,425.36	$0.00	$120,425.36
Medical.....	.....		$293,600.78	$38,833.42	$332,434.20
			$421,706.78	$38,854.12	$460,560.90
# 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		

403 - Department of Wildlife Resources

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2011 - 06/30/2012				
Expense.....	.....		$101.24	$5,564.00	$5,665.24
Indemnity.....	.....		$179,688.84	$56,919.61	$236,608.45
Medical.....	.....		$248,348.59	$80,567.06	$328,915.65
			$428,138.67	$143,050.67	$571,189.34
# of Claims	45				
# Open	1	Recovery Amount:	-94.51		
	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.....	.....		$8,528.22	$8,805.56	$17,333.78
Indemnity.....	.....		$21,965.71	$0.00	$21,965.71
Medical.....	.....		$303,559.33	$11,158.00	$314,717.33
			$334,053.26	$19,963.56	$354,016.82
# 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		

403 - Department of Wildlife Resources

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	07/01/2005 - 06/30/2006				
Expense.....	.....		$49.78	$0.00	$49.78
Indemnity.....	.....		$10,080.68	$0.00	$10,080.68
Medical.....	.....		$399,272.29	$25,925.35	$425,197.64
			$409,402.75	$25,925.35	$435,328.10
# of Claims	53				
# Open	1	Recovery Amount:	-3,317.84		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$40,491.26	$18.85	$40,510.11
Indemnity.....	.....		$598,075.91	$0.00	$598,075.91
Medical.....	.....		$1,375,792.45	$338,435.45	$1,714,227.90
			$2,014,359.62	$338,454.30	$2,352,813.92
# of Claims	62				
# Open	4	Recovery Amount:	0.00		
	07/01/2003 - 06/30/2004				
Expense.....	.....		$6,007.52	$18.82	$6,026.34
Indemnity.....	.....		$216,261.69	$0.00	$216,261.69
Medical.....	.....		$633,140.57	$68,497.59	$701,638.16
			$855,409.78	$68,516.41	$923,926.19
# of Claims	41				
# Open	2	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		

403 - Department of Wildlife Resources

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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.....	.....		$625,178.27	$267,185.23	$892,363.50
			$886,045.42	$267,185.23	$1,153,230.65
# of Claims	65				
# Open	2	Recovery Amount:	-3,293.45		
	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	$0.00	$1,776.45
Indemnity.....	.....		$87,068.60	$0.00	$87,068.60
Medical.....	.....		$106,301.49	$0.00	$106,301.49
			$195,146.54	$0.00	$195,146.54
# of Claims	72				
# Open	0	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		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

403 - Department of Wildlife Resources

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1996 - 06/30/1997				
Expense.....	.....		$4,159.64	$0.00	$4,159.64
Indemnity.....	.....		$30,037.43	$0.00	$30,037.43
Medical.....	.....		$116,784.66	$0.00	$116,784.66
			$150,981.73	$0.00	$150,981.73
# of Claims	62				
# Open	0	Recovery Amount:	-253.48		
	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	$20.70	$7,577.65
Indemnity.....	.....		$261,640.89	$0.00	$261,640.89
Medical.....	.....		$706,747.84	$246,367.96	$953,115.80
			$975,945.68	$246,388.66	$1,222,334.34
# 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	$20.70	$74.64
Indemnity.....	.....		$27,991.24	$0.00	$27,991.24
Medical.....	.....		$56,965.18	$7,310.08	$64,275.26
			$85,010.36	$7,330.78	$92,341.14
# of Claims	48				
# Open	1	Recovery Amount:	-179.43		

403 - Department of Wildlife Resources

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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403 - Department of Wildlife Resources

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

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 10
 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$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.....	.....		$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				

405 - VIRGINIA RACING COMMISSION

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		
	07/01/2006 - 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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405 - VIRGINIA RACING COMMISSION

Policy	Policy Period	Paid to Date	Outstanding	Incurred

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			

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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**		

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		

409 - Virginia Department of Energy

Grand Totals for 409 - Virginia Department of Energy	Paid to Date	Outstanding	Incurred
Expense.....	$60,888.51	$0.00	$60,888.51
Indemnity.....	$2,487,946.56	$0.00	$2,487,946.56
Medical.....	$1,303,940.49	$13,990.95	$1,317,931.44
	$3,852,775.56	$13,990.95	$3,866,766.51

# of Claims 362
 # Open 2 **Recovery Amount:** -$64,979.14

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	07/01/2024 - 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	3				
# Open	1	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	0	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				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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409 - Virginia Department of Energy

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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		

409 - Virginia Department of Energy

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

409 - Virginia Department of Energy

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2011 - 06/30/2012				
Expense.....	.....		$565.34	$0.00	$565.34
Indemnity.....	.....		$15,476.55	$0.00	$15,476.55
Medical.....	.....		$83,444.88	$13,990.95	$97,435.83
			$99,486.77	$13,990.95	$113,477.72
# of Claims	2				
# Open	1	Recovery Amount:	0.00		
	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		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

409 - Virginia Department of Energy

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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409 - Virginia Department of Energy

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

409 - Virginia Department of Energy

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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	$0.00	$6,435.45
Indemnity.....	.....		$172,098.28	$0.00	$172,098.28
Medical.....	.....		$125,547.62	$0.00	$125,547.62
			$304,081.35	$0.00	$304,081.35
# of Claims	14				
# Open	0	Recovery Amount:	0.00		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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409 - Virginia Department of Energy

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

411 - FORESTRY, DEPARTMENT OF

Grand Totals for 411 - FORESTRY, DEPARTMENT OF	Paid to Date	Outstanding	Incurred
Expense.....	$61,546.34	$18,022.06	$79,568.40
Indemnity.....	$1,551,717.67	$510,291.03	$2,062,008.70
Medical.....	$5,003,600.42	$720,155.62	$5,723,756.04
	$6,616,864.43	$1,248,468.71	$7,865,333.14

# of Claims 4,993
 # Open 9 **Recovery Amount:** -$101,239.59

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$292.14	$0.00	$292.14
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$11,995.03	$0.00	$11,995.03
			$12,287.17	$0.00	$12,287.17
# of Claims	21				
# Open	0	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$80.76	$0.00	$80.76
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$7,565.89	$0.00	$7,565.89
			$7,646.65	$0.00	$7,646.65
# of Claims	15				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$194.06	$100.00	$294.06
Indemnity.....	.....		$0.00	$2,500.00	$2,500.00
Medical.....	.....		$18,621.45	$6,000.00	$24,621.45
			$18,815.51	$8,600.00	$27,415.51
# of Claims	31				
# Open	1	Recovery Amount:	-295.23		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$2,527.64	$15,388.00	$17,915.64
Indemnity.....	.....		$266,316.65	$302,188.17	$568,504.82
Medical.....	.....		$132,863.12	$139,952.63	$272,815.75
			$401,707.41	$457,528.80	$859,236.21
# of Claims	14				

411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	3	Recovery Amount:	-33,582.02		
	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				
# 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		

411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2016 - 06/30/2017				
Expense.....	.....		$16,130.63	$2,475.72	$18,606.35
Indemnity.....	.....		$294,146.36	$205,602.86	$499,749.22
Medical.....	.....		$186,489.00	$10,006.27	$196,495.27
			$496,765.99	$218,084.85	$714,850.84
# of Claims	37				
# Open	1	Recovery Amount:	-16,494.40		
	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		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	07/01/2010 - 06/30/2011				
Expense.....	.....		$124.23	$18.82	$143.05
Indemnity.....	.....		$3,314.11	$0.00	$3,314.11
Medical.....	.....		$74,424.67	$46,845.72	$121,270.39
			$77,863.01	$46,864.54	$124,727.55
# 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.....	.....		$646,813.08	$507,100.35	$1,153,913.43
			$675,118.63	$507,119.17	$1,182,237.80
# 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		

411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2006 - 06/30/2007				
Expense.....	.....		$3,613.60	$20.70	$3,634.30
Indemnity.....	.....		$8,536.27	$0.00	$8,536.27
Medical.....	.....		$206,809.37	$2,267.72	$209,077.09
			$218,959.24	$2,288.42	$221,247.66
# of Claims	98				
# Open	1	Recovery Amount:	0.00		
	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.....	.....		$405,543.52	$7,982.93	$413,526.45
			$684,218.69	$7,982.93	$692,201.62
# 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		

411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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411 - FORESTRY, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

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		

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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**		

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 44
 # Open 1 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2024 - 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				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

423 - HISTORIC RESOURCE, DEPARTMENT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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		

423 - HISTORIC RESOURCE, DEPARTMENT OF

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		
	07/01/2015 - 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		

423 - HISTORIC RESOURCE, DEPARTMENT 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.....	.....		$64.00	$0.00	$64.00
			$64.00	$0.00	$64.00
# 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	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		

423 - HISTORIC RESOURCE, DEPARTMENT 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.....	.....		$867.93	$0.00	$867.93
			$867.93	$0.00	$867.93
# 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	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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423 - HISTORIC RESOURCE, DEPARTMENT OF

Policy	Policy Period	Paid to Date	Outstanding	Incurred

425 - JAMESTOWN-YORKTOWN FOUNDATION

Grand Totals for 425 - JAMESTOWN-YORKTOWN FOUNDATION			Paid to Date	Outstanding	Incurred
Expense			$32,770.17	$231.39	$33,001.56
Indemnity			$310,890.43	$0.00	$310,890.43
Medical			$1,747,706.16	$88,495.56	$1,836,201.72
			$2,091,366.76	$88,726.95	$2,180,093.71
# of Claims	1,212				
# Open	6	**Recovery Amount:**	-$6,397.68		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense			$130.26	$231.39	$361.65
Indemnity			$0.00	$0.00	$0.00
Medical			$9,496.18	$11,778.94	$21,275.12
			$9,626.44	$12,010.33	$21,636.77
# of Claims	21				
# Open	5	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense			$123.27	$0.00	$123.27
Indemnity			$24,482.53	$0.00	$24,482.53
Medical			$105,327.84	$0.00	$105,327.84
			$129,933.64	$0.00	$129,933.64
# of Claims	21				
# Open	0	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense			$4,694.82	$0.00	$4,694.82
Indemnity			$7,495.70	$0.00	$7,495.70
Medical			$119,493.89	$0.00	$119,493.89
			$131,684.41	$0.00	$131,684.41
# of Claims	11				
# Open	0	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				

425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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		

425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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.....	.....		$385,960.66	$76,716.62	$462,677.28
			$394,091.00	$76,716.62	$470,807.62
# of Claims	66				
# Open	1	Recovery Amount:	0.00		
	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		

425 - JAMESTOWN-YORKTOWN FOUNDATION

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.....	.....		$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		
	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		

425 - JAMESTOWN-YORKTOWN FOUNDATION

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.....	.....		$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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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425 - JAMESTOWN-YORKTOWN FOUNDATION

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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425 - JAMESTOWN-YORKTOWN FOUNDATION

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			**$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**		

440 - ENVIRONMENTAL QUALITY, DEPT OF

Grand Totals for 440 - ENVIRONMENTAL QUALITY, DEPT OF	Paid to Date	Outstanding	Incurred
Expense.....	$3,928.42	$41.40	$3,969.82
Indemnity.....	$99,825.59	$0.00	$99,825.59
Medical.....	$987,397.75	$126,821.22	$1,114,218.97
	$1,091,151.76	$126,862.62	$1,218,014.38

# of Claims 417
 # Open 2 **Recovery Amount:** -$43,956.87

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$3,846.38	$0.00	$3,846.38
			$3,846.38	$0.00	$3,846.38
# of Claims	10				
# Open	0	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$77.04	$0.00	$77.04
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,052.43	$0.00	$1,052.43
			$1,129.47	$0.00	$1,129.47
# of Claims	15				
# Open	0	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				

440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$72.06	$0.00	$72.06
Indemnity.....	.....		$42,530.24	$0.00	$42,530.24
Medical.....	.....		$105,713.64	$0.00	$105,713.64
			$148,315.94	$0.00	$148,315.94
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

440 - ENVIRONMENTAL QUALITY, DEPT OF

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.....	.....		$1,585.80	$0.00	$1,585.80
			$1,585.80	$0.00	$1,585.80
# of Claims	8				
# 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.....	.....		$4,817.17	$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.....	.....		$139.21	$20.70	$159.91
Indemnity.....	.....		$2,274.80	$0.00	$2,274.80
Medical.....	.....		$93,382.00	$49,034.42	$142,416.42
			$95,796.01	$49,055.12	$144,851.13
# 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		

440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2001 - 06/30/2002				
Expense.....	.....		$2,936.46	$20.70	$2,957.16
Indemnity.....	.....		$18,855.73	$0.00	$18,855.73
Medical.....	.....		$335,975.44	$77,786.80	$413,762.24
			$357,767.63	$77,807.50	$435,575.13
# of Claims	17				
# Open	1	Recovery Amount:	-1,161.70		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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440 - ENVIRONMENTAL QUALITY, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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501 - HIGHWAYS & TRANS, DEPT OF

Grand Totals for 501 - HIGHWAYS & TRANS, DEPT OF			Paid to Date	Outstanding	Incurred
Expense			$3,406,801.55	$456,964.07	$3,863,765.62
Indemnity			$104,674,195.13	$3,336,419.81	$108,010,614.94
Medical			$142,353,231.46	$22,414,864.16	$164,768,095.62
			$250,434,228.14	$26,208,248.04	$276,642,476.18
# of Claims	33,326				
# Open	260	**Recovery Amount:**	-$5,790,182.57		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense			$5,040.60	$54,321.29	$59,361.89
Indemnity			$295,654.47	$555,839.34	$851,493.81
Medical			$1,009,707.25	$1,140,978.66	$2,150,685.91
			$1,310,402.32	$1,751,139.29	$3,061,541.61
# of Claims	375				
# Open	69	Recovery Amount:	-2,965.03		
	07/01/2024 - 06/30/2025				
Expense			$12,063.62	$40,362.69	$52,426.31
Indemnity			$487,183.57	$220,227.35	$707,410.92
Medical			$1,128,029.15	$840,389.55	$1,968,418.70
			$1,627,276.34	$1,100,979.59	$2,728,255.93
# of Claims	394				
# Open	21	Recovery Amount:	-31,426.50		
	07/01/2023 - 06/30/2024				
Expense			$46,304.70	$64,700.39	$111,005.09
Indemnity			$1,514,580.15	$344,307.93	$1,858,888.08
Medical			$2,386,652.95	$740,476.99	$3,127,129.94
			$3,947,537.80	$1,149,485.31	$5,097,023.11
# of Claims	365				
# Open	15	Recovery Amount:	-53,133.55		
	07/01/2022 - 06/30/2023				
Expense			$27,056.04	$24,891.80	$51,947.84
Indemnity			$884,502.41	$413,727.99	$1,298,230.40
Medical			$1,417,210.01	$1,012,517.05	$2,429,727.06
			$2,328,768.46	$1,451,136.84	$3,779,905.30
# of Claims	305				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	9	Recovery Amount:	-126,354.41		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$33,155.78	$28,519.45	$61,675.23
Indemnity.....	.....		$1,451,164.44	$406,388.79	$1,857,553.23
Medical.....	.....		$2,635,472.14	$1,088,735.92	$3,724,208.06
			$4,119,792.36	$1,523,644.16	$5,643,436.52
# of Claims	304				
# Open	11	Recovery Amount:	-83,517.87		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$33,890.22	$9,861.48	$43,751.70
Indemnity.....	.....		$1,011,678.08	$256,198.98	$1,267,877.06
Medical.....	.....		$1,942,960.96	$64,562.94	$2,007,523.90
			$2,988,529.26	$330,623.40	$3,319,152.66
# of Claims	339				
# Open	4	Recovery Amount:	-18,139.80		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$24,881.37	$7,576.82	$32,458.19
Indemnity.....	.....		$823,873.95	$170,496.07	$994,370.02
Medical.....	.....		$1,394,035.27	$1,205,060.33	$2,599,095.60
			$2,242,790.59	$1,383,133.22	$3,625,923.81
# of Claims	382				
# Open	4	Recovery Amount:	-89,343.73		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$19,712.89	$4,647.34	$24,360.23
Indemnity.....	.....		$1,155,575.76	$268,489.34	$1,424,065.10
Medical.....	.....		$1,887,225.58	$246,896.60	$2,134,122.18
			$3,062,514.23	$520,033.28	$3,582,547.51
# of Claims	429				
# Open	4	Recovery Amount:	-52,244.74		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$40,963.05	$2,465.56	$43,428.61
Indemnity.....	.....		$1,572,141.03	$107,331.67	$1,679,472.70
Medical.....	.....		$2,026,375.47	$324,892.73	$2,351,268.20
			$3,639,479.55	$434,689.96	$4,074,169.51
# of Claims	460				
# Open	5	Recovery Amount:	-219,498.60		

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2016 - 06/30/2017				
Expense.....	.....		$57,430.78	$3,708.22	$61,139.00
Indemnity.....	.....		$1,274,798.88	$54,769.77	$1,329,568.65
Medical.....	.....		$2,219,798.12	$671,428.19	$2,891,226.31
			$3,552,027.78	$729,906.18	$4,281,933.96
# of Claims	429				
# Open	4	Recovery Amount:	-163,169.01		
	07/01/2015 - 06/30/2016				
Expense.....	.....		$47,699.41	$80.92	$47,780.33
Indemnity.....	.....		$1,995,894.61	$0.00	$1,995,894.61
Medical.....	.....		$2,000,006.22	$793,284.73	$2,793,290.95
			$4,043,600.24	$793,365.65	$4,836,965.89
# of Claims	386				
# Open	5	Recovery Amount:	-119,603.40		
	07/01/2014 - 06/30/2015				
Expense.....	.....		$33,748.63	$101.62	$33,850.25
Indemnity.....	.....		$1,193,740.83	$0.00	$1,193,740.83
Medical.....	.....		$2,512,720.63	$736,337.53	$3,249,058.16
			$3,740,210.09	$736,439.15	$4,476,649.24
# of Claims	415				
# Open	5	Recovery Amount:	-64,964.90		
	07/01/2013 - 06/30/2014				
Expense.....	.....		$99,460.35	$41.40	$99,501.75
Indemnity.....	.....		$2,030,035.44	$0.00	$2,030,035.44
Medical.....	.....		$2,397,206.05	$171,277.71	$2,568,483.76
			$4,526,701.84	$171,319.11	$4,698,020.95
# of Claims	413				
# Open	2	Recovery Amount:	-107,825.43		
	07/01/2012 - 06/30/2013				
Expense.....	.....		$66,068.89	$41.40	$66,110.29
Indemnity.....	.....		$1,552,199.12	$0.00	$1,552,199.12
Medical.....	.....		$2,918,678.45	$771,868.42	$3,690,546.87
			$4,536,946.46	$771,909.82	$5,308,856.28
# of Claims	457				
# Open	4	Recovery Amount:	-217,008.96		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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			**$2,329,570.34**	**$319,011.02**	**$2,648,581.36**
			$4,245,664.93	**$319,011.02**	**$4,564,675.95**
# of Claims	**480**				
# Open	**2**	**Recovery Amount:**	**-79,582.03**		
	07/01/2010 - 06/30/2011				
Expense			**$27,747.45**	**$20.70**	**$27,768.15**
Indemnity			**$1,166,635.62**	**$0.00**	**$1,166,635.62**
Medical			**$2,109,896.99**	**$31,401.32**	**$2,141,298.31**
			$3,304,280.06	**$31,422.02**	**$3,335,702.08**
# of Claims	**457**				
# Open	**3**	**Recovery Amount:**	**-49,380.98**		
	07/01/2009 - 06/30/2010				
Expense			**$186,481.75**	**$1,997.52**	**$188,479.27**
Indemnity			**$3,132,468.05**	**$0.00**	**$3,132,468.05**
Medical			**$4,371,511.27**	**$1,037,327.08**	**$5,408,838.35**
			$7,690,461.07	**$1,039,324.60**	**$8,729,785.67**
# of Claims	**588**				
# Open	**6**	**Recovery Amount:**	**-294,653.43**		
	07/01/2008 - 06/30/2009				
Expense			**$110,645.78**	**$60.22**	**$110,706.00**
Indemnity			**$2,489,611.47**	**$0.00**	**$2,489,611.47**
Medical			**$3,555,420.73**	**$626,540.25**	**$4,181,960.98**
			$6,155,677.98	**$626,600.47**	**$6,782,278.45**
# of Claims	**673**				
# Open	**5**	**Recovery Amount:**	**-19,979.19**		
	07/01/2007 - 06/30/2008				
Expense			**$159,176.33**	**$118.56**	**$159,294.89**
Indemnity			**$3,049,682.16**	**$0.00**	**$3,049,682.16**
Medical			**$4,550,926.65**	**$1,096,493.32**	**$5,647,419.97**
			$7,759,785.14	**$1,096,611.88**	**$8,856,397.02**
# of Claims	**679**				
# Open	**7**	**Recovery Amount:**	**-157,949.18**		

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2006 - 06/30/2007				
Expense.....	.....		$197,661.48	$114,869.13	$312,530.61
Indemnity.....	.....		$2,539,133.19	$0.00	$2,539,133.19
Medical.....	.....		$5,518,004.51	$2,006,329.01	$7,524,333.52
			$8,254,799.18	$2,121,198.14	$10,375,997.32
# of Claims	702				
# Open	7	Recovery Amount:	-316,771.85		
	07/01/2005 - 06/30/2006				
Expense.....	.....		$230,178.92	$60.22	$230,239.14
Indemnity.....	.....		$4,806,878.06	$0.00	$4,806,878.06
Medical.....	.....		$5,496,147.24	$402,568.78	$5,898,716.02
			$10,533,204.22	$402,629.00	$10,935,833.22
# of Claims	855				
# Open	4	Recovery Amount:	-201,142.29		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$60,347.02	$20.70	$60,367.72
Indemnity.....	.....		$2,541,661.69	$0.00	$2,541,661.69
Medical.....	.....		$2,713,061.03	$8,893.38	$2,721,954.41
			$5,315,069.74	$8,914.08	$5,323,983.82
# of Claims	782				
# Open	1	Recovery Amount:	-232,573.13		
	07/01/2003 - 06/30/2004				
Expense.....	.....		$210,745.69	$9,731.04	$220,476.73
Indemnity.....	.....		$5,849,313.42	$0.00	$5,849,313.42
Medical.....	.....		$8,958,181.35	$1,777,926.30	$10,736,107.65
			$15,018,240.46	$1,787,657.34	$16,805,897.80
# of Claims	1,039				
# Open	10	Recovery Amount:	-471,075.07		
	07/01/2002 - 06/30/2003				
Expense.....	.....		$110,751.83	$2,063.66	$112,815.49
Indemnity.....	.....		$4,349,060.84	$0.00	$4,349,060.84
Medical.....	.....		$6,110,990.95	$117,169.25	$6,228,160.20
			$10,570,803.62	$119,232.91	$10,690,036.53
# of Claims	946				
# Open	4	Recovery Amount:	-218,964.41		

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2001 - 06/30/2002				
Expense.....	.....		$125,994.98	$39.52	$126,034.50
Indemnity.....	.....		$3,930,337.11	$0.00	$3,930,337.11
Medical.....	.....		$4,472,124.27	$131,512.08	$4,603,636.35
			$8,528,456.36	$131,551.60	$8,660,007.96
# of Claims	1,019				
# Open	4	Recovery Amount:	-405,450.37		
	07/01/2000 - 06/30/2001				
Expense.....	.....		$92,882.49	$34,686.79	$127,569.28
Indemnity.....	.....		$4,101,816.00	$0.00	$4,101,816.00
Medical.....	.....		$3,381,743.39	$227,246.93	$3,608,990.32
			$7,576,441.88	$261,933.72	$7,838,375.60
# of Claims	935				
# Open	4	Recovery Amount:	-154,945.07		
	07/01/1999 - 06/30/2000				
Expense.....	.....		$66,519.61	$25,499.40	$92,019.01
Indemnity.....	.....		$4,110,617.18	$0.00	$4,110,617.18
Medical.....	.....		$5,490,204.02	$579,345.90	$6,069,549.92
			$9,667,340.81	$604,845.30	$10,272,186.11
# of Claims	965				
# Open	7	Recovery Amount:	-103,936.27		
	07/01/1998 - 06/30/1999				
Expense.....	.....		$58,774.58	$4,170.78	$62,945.36
Indemnity.....	.....		$3,090,841.00	$246,191.49	$3,337,032.49
Medical.....	.....		$4,996,643.58	$1,276,731.55	$6,273,375.13
			$8,146,259.16	$1,527,093.82	$9,673,352.98
# of Claims	945				
# Open	4	Recovery Amount:	-134,323.37		
	07/01/1997 - 06/30/1998				
Expense.....	.....		$12,859.45	$0.00	$12,859.45
Indemnity.....	.....		$2,777,142.01	$0.00	$2,777,142.01
Medical.....	.....		$2,198,942.59	$37,292.00	$2,236,234.59
			$4,988,944.05	$37,292.00	$5,026,236.05
# of Claims	970				
# Open	1	Recovery Amount:	-60,768.34		

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1996 - 06/30/1997				
Expense.....	.....		$39,965.10	$551.40	$40,516.50
Indemnity.....	.....		$3,735,739.75	$0.00	$3,735,739.75
Medical.....	.....		$4,221,068.29	$646,975.69	$4,868,043.98
			$7,996,773.14	$647,527.09	$8,644,300.23
# of Claims	1,043				
# Open	6	Recovery Amount:	-155,449.21		
	07/01/1995 - 06/30/1996				
Expense.....	.....		$29,008.25	$118.56	$29,126.81
Indemnity.....	.....		$3,912,605.42	$0.00	$3,912,605.42
Medical.....	.....		$4,087,080.72	$236,561.40	$4,323,642.12
			$8,028,694.39	$236,679.96	$8,265,374.35
# of Claims	1,116				
# Open	6	Recovery Amount:	-154,801.87		
	07/01/1994 - 06/30/1995				
Expense.....	.....		$36,600.61	$15,917.48	$52,518.09
Indemnity.....	.....		$2,722,532.81	$0.00	$2,722,532.81
Medical.....	.....		$4,387,793.88	$432,818.96	$4,820,612.84
			$7,146,927.30	$448,736.44	$7,595,663.74
# of Claims	1,289				
# Open	3	Recovery Amount:	-135,023.32		
	07/01/1993 - 06/30/1994				
Expense.....	.....		$35,583.83	$79.04	$35,662.87
Indemnity.....	.....		$3,550,055.71	$0.00	$3,550,055.71
Medical.....	.....		$8,395,129.00	$1,007,377.64	$9,402,506.64
			$11,980,768.54	$1,007,456.68	$12,988,225.22
# of Claims	1,575				
# Open	4	Recovery Amount:	-161,369.25		
	07/01/1992 - 06/30/1993				
Expense.....	.....		$32,848.66	$4,149.04	$36,997.70
Indemnity.....	.....		$3,908,012.14	$292,451.09	$4,200,463.23
Medical.....	.....		$4,823,447.15	$160,345.83	$4,983,792.98
			$8,764,307.95	$456,945.96	$9,221,253.91
# of Claims	1,480				
# Open	3	Recovery Amount:	-249,284.74		

501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1991 - 06/30/1992				
Expense.....	.....		$179,206.06	$1,409.02	$180,615.08
Indemnity.....	.....		$3,628,728.15	$0.00	$3,628,728.15
Medical.....	.....		$4,886,061.18	$127,681.57	$5,013,742.75
			$8,693,995.39	$129,090.59	$8,823,085.98
# of Claims	1,635				
# Open	2	Recovery Amount:	-376.03		
	07/01/1990 - 06/30/1991				
Expense.....	.....		$171,307.54	$18.82	$171,326.36
Indemnity.....	.....		$3,140,823.03	$0.00	$3,140,823.03
Medical.....	.....		$4,813,013.10	$77,343.98	$4,890,357.08
			$8,125,143.67	$77,362.80	$8,202,506.47
# of Claims	1,743				
# Open	2	Recovery Amount:	-5,000.00		
	07/01/1989 - 06/30/1990				
Expense.....	.....		$87,585.59	$20.70	$87,606.29
Indemnity.....	.....		$3,619,286.03	$0.00	$3,619,286.03
Medical.....	.....		$2,835,755.79	$46,209.25	$2,881,965.04
			$6,542,627.41	$46,229.95	$6,588,857.36
# of Claims	1,725				
# Open	1	Recovery Amount:	0.00		
	07/01/1988 - 06/30/1989				
Expense.....	.....		$183,773.82	$20.70	$183,794.52
Indemnity.....	.....		$3,172,080.72	$0.00	$3,172,080.72
Medical.....	.....		$2,793,154.62	$184,865.14	$2,978,019.76
			$6,149,009.16	$184,885.84	$6,333,895.00
# of Claims	1,345				
# Open	1	Recovery Amount:	-236,429.71		
	07/01/1987 - 06/30/1988				
Expense.....	.....		$237,239.79	$20.69	$237,260.48
Indemnity.....	.....		$3,373,131.43	$0.00	$3,373,131.43
Medical.....	.....		$4,328,110.36	$10,189.18	$4,338,299.54
			$7,938,481.58	$10,209.87	$7,948,691.45
# of Claims	1,401				
# Open	1	Recovery Amount:	-204,219.86		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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501 - HIGHWAYS & TRANS, DEPT OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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.....	$215,445.40	$216,103.43	$431,548.83
	$534,019.05	$216,170.43	$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.....	.....		$182,864.68	$216,103.43	$398,968.11
			$243,667.37	$216,170.43	$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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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.....	$440,874.09	$138,662.47	$579,536.56
Indemnity.....	$10,743,893.55	$1,736,904.01	$12,480,797.56
Medical.....	$26,091,232.82	$9,673,387.87	$35,764,620.69
	$37,276,000.46	$11,548,954.35	$48,824,954.81

# of Claims 10,554
 # Open 49 **Recovery Amount:** -$1,717,702.70

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$3,264.00	$11,660.57	$14,924.57
Indemnity.....	.....		$62,539.11	$209,947.49	$272,486.60
Medical.....	.....		$228,515.56	$324,646.32	$553,161.88
			$294,318.67	$546,254.38	$840,573.05
# of Claims	133				
# Open	23	Recovery Amount:	-327.92		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$3,882.81	$890.21	$4,773.02
Indemnity.....	.....		$13,256.09	$0.00	$13,256.09
Medical.....	.....		$148,056.48	$40,676.59	$188,733.07
			$165,195.38	$41,566.80	$206,762.18
# of Claims	134				
# Open	3	Recovery Amount:	-12,747.49		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$7,437.44	$4,100.00	$11,537.44
Indemnity.....	.....		$168,894.38	$139,808.60	$308,702.98
Medical.....	.....		$70,434.07	$64,432.72	$134,866.79
			$246,765.89	$208,341.32	$455,107.21
# of Claims	101				
# Open	1	Recovery Amount:	-4,176.45		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$4,068.15	$0.00	$4,068.15
Indemnity.....	.....		$53,795.48	$0.00	$53,795.48
Medical.....	.....		$219,871.18	$0.00	$219,871.18
			$277,734.81	$0.00	$277,734.81
# of Claims	95				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	0	Recovery Amount:	-9,140.53		
	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				
# Open	0	Recovery Amount:	-7,915.82		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$3,422.13	$0.00	$3,422.13
Indemnity.....	.....		$76,460.99	$0.00	$76,460.99
Medical.....	.....		$233,269.90	$0.00	$233,269.90
			$313,153.02	$0.00	$313,153.02
# of Claims	88				
# Open	0	Recovery Amount:	-46,386.34		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$783.59	$0.00	$783.59
Indemnity.....	.....		$9,990.33	$0.00	$9,990.33
Medical.....	.....		$137,590.65	$0.00	$137,590.65
			$148,364.57	$0.00	$148,364.57
# of Claims	129				
# Open	0	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.....	.....		$264,689.83	$216,258.70	$480,948.53
			$292,977.18	$216,277.52	$509,254.70
# of Claims	202				
# Open	1	Recovery Amount:	-81,640.54		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$6,359.27	$18.82	$6,378.09
Indemnity.....	.....		$361,832.58	$0.00	$361,832.58
Medical.....	.....		$299,769.25	$9,200.74	$308,969.99
			$667,961.10	$9,219.56	$677,180.66
# of Claims	178				
# Open	1	Recovery Amount:	-5,861.51		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	07/01/2015 - 06/30/2016				
Expense			**$53,880.84**	**$20.70**	**$53,901.54**
Indemnity			**$793,964.77**	**$450,976.50**	**$1,244,941.27**
Medical			**$2,359,861.09**	**$1,396,395.14**	**$3,756,256.23**
			$3,207,706.70	**$1,847,392.34**	**$5,055,099.04**
# of Claims	**206**				
# Open	**1**	**Recovery Amount:**	**-7,700.26**		
	07/01/2014 - 06/30/2015				
Expense			**$26,036.43**	**$36,055.57**	**$62,092.00**
Indemnity			**$969,576.54**	**$0.00**	**$969,576.54**
Medical			**$806,227.79**	**$488,942.35**	**$1,295,170.14**
			$1,801,840.76	**$524,997.92**	**$2,326,838.68**
# of Claims	**203**				
# Open	**2**	**Recovery Amount:**	**-48,634.87**		
	07/01/2013 - 06/30/2014				
Expense			**$20,221.10**	**$1,151.65**	**$21,372.75**
Indemnity			**$367,866.92**	**$174,194.07**	**$542,060.99**
Medical			**$542,634.98**	**$613,127.89**	**$1,155,762.87**
			$930,723.00	**$788,473.61**	**$1,719,196.61**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	07/01/2010 - 06/30/2011				
Expense			**$7,008.28**	**$0.00**	**$7,008.28**
Indemnity			**$51,025.46**	**$0.00**	**$51,025.46**
Medical			**$233,141.91**	**$0.00**	**$233,141.91**
			$291,175.65	**$0.00**	**$291,175.65**
# of Claims	**245**				
# Open	**0**	**Recovery Amount:**	**-1,094.36**		
	07/01/2009 - 06/30/2010				
Expense			**$805.58**	**$0.00**	**$805.58**
Indemnity			**$23,115.87**	**$0.00**	**$23,115.87**
Medical			**$193,754.57**	**$0.00**	**$193,754.57**
			$217,676.02	**$0.00**	**$217,676.02**
# of Claims	**243**				
# Open	**0**	**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			**$804,459.85**	**$761,977.35**	**$1,566,437.20**
Medical			**$4,195,938.50**	**$4,902,906.66**	**$9,098,845.16**
			$5,015,244.77	**$5,664,884.01**	**$10,680,128.78**
# of Claims	**265**				
# Open	**1**	**Recovery Amount:**	**-5,420.49**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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			**$679,347.69**	**$504,065.81**	**$1,183,413.50**
			$753,107.32	**$504,084.63**	**$1,257,191.95**
# 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			**$461,026.46**	**$164,813.61**	**$625,840.07**
			$662,623.25	**$164,832.43**	**$827,455.68**
# of Claims	**302**				
# Open	**1**	**Recovery Amount:**	**-21,353.45**		
	07/01/2003 - 06/30/2004				
Expense			**$9,759.44**	**$20.70**	**$9,780.14**
Indemnity			**$170,729.79**	**$0.00**	**$170,729.79**
Medical			**$808,580.71**	**$96,896.98**	**$905,477.69**
			$989,069.94	**$96,917.68**	**$1,085,987.62**
# of Claims	**244**				
# Open	**1**	**Recovery Amount:**	**-9,407.39**		
	07/01/2002 - 06/30/2003				
Expense			**$6,535.28**	**$5,837.00**	**$12,372.28**
Indemnity			**$41,288.48**	**$0.00**	**$41,288.48**
Medical			**$1,736,318.20**	**$47,271.43**	**$1,783,589.63**
			$1,784,141.96	**$53,108.43**	**$1,837,250.39**
# of Claims	**274**				
# Open	**1**	**Recovery Amount:**	**-4,979.66**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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			**$834,863.08**	**$107,815.42**	**$942,678.50**
			$1,889,910.26	**$107,834.24**	**$1,997,744.50**
# of Claims	**307**				
# Open	**1**	**Recovery Amount:**	**-46,239.33**		
	07/01/2000 - 06/30/2001				
Expense			**$19,657.63**	**$20.70**	**$19,678.33**
Indemnity			**$378,226.12**	**$0.00**	**$378,226.12**
Medical			**$988,415.88**	**$270,573.88**	**$1,258,989.76**
			$1,386,299.63	**$270,594.58**	**$1,656,894.21**
# 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**	**$20.70**	**$5,485.94**
Indemnity			**$182,363.07**	**$0.00**	**$182,363.07**
Medical			**$446,435.28**	**$31,336.12**	**$477,771.40**
			$634,263.59	**$31,356.82**	**$665,620.41**
# 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**		

601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1996 - 06/30/1997				
Expense.....	.....		$3,321.07	$20.82	$3,341.89
Indemnity.....	.....		$380,930.12	$0.00	$380,930.12
Medical.....	.....		$483,664.03	$51,843.77	$535,507.80
			$867,915.22	$51,864.59	$919,779.81
# of Claims	360				
# Open	1	Recovery Amount:	-944.83		
	07/01/1995 - 06/30/1996				
Expense.....	.....		$15,785.37	$28,798.64	$44,584.01
Indemnity.....	.....		$122,734.15	$0.00	$122,734.15
Medical.....	.....		$445,777.67	$147,698.50	$593,476.17
			$584,297.19	$176,497.14	$760,794.33
# of Claims	404				
# Open	1	Recovery Amount:	-6,280.97		
	07/01/1994 - 06/30/1995				
Expense.....	.....		$34,051.43	$35,922.19	$69,973.62
Indemnity.....	.....		$337,033.45	$0.00	$337,033.45
Medical.....	.....		$979,273.92	$66,207.83	$1,045,481.75
			$1,350,358.80	$102,130.02	$1,452,488.82
# of Claims	485				
# Open	2	Recovery Amount:	-22,604.00		
	07/01/1993 - 06/30/1994				
Expense.....	.....		$16,161.33	$20.70	$16,182.03
Indemnity.....	.....		$703,906.55	$0.00	$703,906.55
Medical.....	.....		$1,478,148.61	$27,340.17	$1,505,488.78
			$2,198,216.49	$27,360.87	$2,225,577.36
# of Claims	537				
# Open	1	Recovery Amount:	-51,230.51		
	07/01/1992 - 06/30/1993				
Expense.....	.....		$9,096.76	$1,134.13	$10,230.89
Indemnity.....	.....		$508,298.17	$0.00	$508,298.17
Medical.....	.....		$716,624.33	$56,101.27	$772,725.60
			$1,234,019.26	$57,235.40	$1,291,254.66
# of Claims	517				
# Open	1	Recovery Amount:	-35,460.46		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	07/01/1990 - 06/30/1991				
Expense			**$27,668.70**	**$12,894.09**	**$40,562.79**
Indemnity			**$609,700.76**	**$0.00**	**$609,700.76**
Medical			**$459,508.47**	**$44,835.97**	**$504,344.44**
			$1,096,877.93	**$57,730.06**	**$1,154,607.99**
# of Claims	**244**				
# Open	**1**	**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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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601 - VA DEPARTMENT OF HEALTH

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

602 - MEDICAL ASST. SERVS., DEPT. OF

Grand Totals for 602 - MEDICAL ASST. SERVS., DEPT. OF	Paid to Date	Outstanding	Incurred
Expense.....	$17,264.96	$91.40	$17,356.36
Indemnity.....	$352,409.16	$7,650.88	$360,060.04
Medical.....	$1,553,887.75	$1,350,365.28	$2,904,253.03
	$1,923,561.87	$1,358,107.56	$3,281,669.43

# of Claims 175
 # Open 3 **Recovery Amount:** -$75,499.50

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
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.....	.....		$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				

602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# Open	0	Recovery Amount:	0.00		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$9,447.79	$20.70	$9,468.49
Indemnity.....	.....		$80,096.37	$7,650.88	$87,747.25
Medical.....	.....		$49,511.20	$1,000.00	$50,511.20
			$139,055.36	$8,671.58	$147,726.94
# 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		

602 - MEDICAL ASST. SERVS., DEPT. OF

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.....	.....		$2,048.69	$0.00	$2,048.69
			$2,048.69	$0.00	$2,048.69
# of Claims	5				
# Open	0	Recovery Amount:	0.00		
	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		

602 - MEDICAL ASST. SERVS., DEPT. OF

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.....	.....		$476.08	$0.00	$476.08
			$476.08	$0.00	$476.08
# 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.....	.....		$2,460.49	$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		

602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

602 - MEDICAL ASST. SERVS., DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1992 - 06/30/1993				
Expense.....	.....		$4,708.70	$20.70	$4,729.40
Indemnity.....	.....		$223,540.86	$0.00	$223,540.86
Medical.....	.....		$1,404,635.22	$1,348,165.28	$2,752,800.50
			$1,632,884.78	$1,348,185.98	$2,981,070.76
# of Claims	14				
# Open	1	Recovery Amount:	-5,618.45		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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602 - MEDICAL ASST. SERVS., DEPT. 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			**$76.00**	**$0.00**	**$76.00**
			$76.00	**$0.00**	**$76.00**
# 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			**$109.92**	**$0.00**	**$109.92**
			$109.92	**$0.00**	**$109.92**
# of Claims	**11**				
# Open	**0**	**Recovery Amount:**	**0.00**		

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.....	$186.74	$0.00	$186.74
	$186.74	$0.00	$186.74

# of Claims 3
 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$52.74	$0.00	$52.74
			$52.74	$0.00	$52.74
# 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		
	07/01/2000 - 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			$5,257,465.86	$932,104.32	$6,189,570.18
Indemnity			$92,444,074.41	$9,363,100.23	$101,807,174.64
Medical			$155,247,651.12	$62,129,979.50	$217,377,630.62
			$252,949,191.39	$72,425,184.05	$325,374,375.44
# of Claims	55,595				
# Open	493	**Recovery Amount:**	-$1,968,775.16		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense			$63,861.84	$175,803.33	$239,665.17
Indemnity			$613,856.68	$1,451,237.91	$2,065,094.59
Medical			$1,732,908.98	$3,991,987.26	$5,724,896.24
			$2,410,627.50	$5,619,028.50	$8,029,656.00
# of Claims	980				
# Open	205	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense			$96,301.30	$121,666.35	$217,967.65
Indemnity			$952,008.17	$1,023,269.00	$1,975,277.17
Medical			$2,393,024.15	$1,154,665.67	$3,547,689.82
			$3,441,333.62	$2,299,601.02	$5,740,934.64
# of Claims	1,023				
# Open	54	Recovery Amount:	-10,550.83		
	07/01/2023 - 06/30/2024				
Expense			$175,000.87	$112,890.08	$287,890.95
Indemnity			$1,882,822.99	$2,553,400.96	$4,436,223.95
Medical			$2,846,164.07	$2,497,499.27	$5,343,663.34
			$4,903,987.93	$5,163,790.31	$10,067,778.24
# of Claims	947				
# Open	34	Recovery Amount:	-53,735.31		
	07/01/2022 - 06/30/2023				
Expense			$97,635.84	$25,432.71	$123,068.55
Indemnity			$1,032,837.96	$584,219.69	$1,617,057.65
Medical			$2,496,417.15	$2,541,490.56	$5,037,907.71
			$3,626,890.95	$3,151,142.96	$6,778,033.91
# of Claims	691				

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	16	Recovery Amount:	-21,438.31		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$134,129.93	$16,789.71	$150,919.64
Indemnity.....	.....		$1,216,014.43	$589,325.58	$1,805,340.01
Medical.....	.....		$1,258,861.93	$267,899.52	$1,526,761.45
			$2,609,006.29	$874,014.81	$3,483,021.10
# of Claims	666				
# Open	7	Recovery Amount:	-9,052.35		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$172,618.25	$31,309.83	$203,928.08
Indemnity.....	.....		$1,210,792.91	$582,712.72	$1,793,505.63
Medical.....	.....		$1,881,298.22	$1,399,031.91	$3,280,330.13
			$3,264,709.38	$2,013,054.46	$5,277,763.84
# of Claims	734				
# Open	11	Recovery Amount:	0.00		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$161,948.40	$120.44	$162,068.84
Indemnity.....	.....		$1,208,392.08	$0.00	$1,208,392.08
Medical.....	.....		$1,579,854.20	$1,530,086.05	$3,109,940.25
			$2,950,194.68	$1,530,206.49	$4,480,401.17
# of Claims	825				
# Open	7	Recovery Amount:	-33,069.84		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$246,005.62	$14,885.31	$260,890.93
Indemnity.....	.....		$1,999,567.84	$291,095.04	$2,290,662.88
Medical.....	.....		$3,008,517.10	$2,381,834.75	$5,390,351.85
			$5,254,090.56	$2,687,815.10	$7,941,905.66
# of Claims	828				
# Open	4	Recovery Amount:	-129,070.16		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$121,463.31	$20.70	$121,484.01
Indemnity.....	.....		$1,161,304.96	$0.00	$1,161,304.96
Medical.....	.....		$1,873,618.23	$128,849.51	$2,002,467.74
			$3,156,386.50	$128,870.21	$3,285,256.71
# of Claims	809				
# Open	3	Recovery Amount:	-19,206.07		

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2016 - 06/30/2017				
Expense.....	.....		$162,890.76	$6,580.50	$169,471.26
Indemnity.....	.....		$1,995,602.18	$87,229.58	$2,082,831.76
Medical.....	.....		$3,435,323.61	$1,161,872.86	$4,597,196.47
			$5,593,816.55	$1,255,682.94	$6,849,499.49
# of Claims	804				
# Open	6	Recovery Amount:	-30,612.08		
	07/01/2015 - 06/30/2016				
Expense.....	.....		$252,410.33	$99.74	$252,510.07
Indemnity.....	.....		$2,675,868.75	$39,608.72	$2,715,477.47
Medical.....	.....		$3,307,345.60	$589,280.11	$3,896,625.71
			$6,235,624.68	$628,988.57	$6,864,613.25
# of Claims	852				
# Open	6	Recovery Amount:	-90,962.63		
	07/01/2014 - 06/30/2015				
Expense.....	.....		$204,998.82	$3,969.61	$208,968.43
Indemnity.....	.....		$1,990,614.55	$0.00	$1,990,614.55
Medical.....	.....		$5,754,824.63	$12,022,022.97	$17,776,847.60
			$7,950,438.00	$12,025,992.58	$19,976,430.58
# of Claims	925				
# Open	7	Recovery Amount:	-93,453.43		
	07/01/2013 - 06/30/2014				
Expense.....	.....		$149,512.83	$820.37	$150,333.20
Indemnity.....	.....		$2,381,616.47	$0.00	$2,381,616.47
Medical.....	.....		$3,237,923.39	$785,112.14	$4,023,035.53
			$5,769,052.69	$785,932.51	$6,554,985.20
# of Claims	928				
# Open	4	Recovery Amount:	-19,308.42		
	07/01/2012 - 06/30/2013				
Expense.....	.....		$89,653.82	$18.82	$89,672.64
Indemnity.....	.....		$1,079,159.72	$0.00	$1,079,159.72
Medical.....	.....		$1,989,858.09	$261,836.98	$2,251,695.07
			$3,158,671.63	$261,855.80	$3,420,527.43
# of Claims	908				
# Open	1	Recovery Amount:	-85,438.75		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

06/30/2026 11:46:40 PM

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2011 - 06/30/2012				
Expense			**$187,021.31**	**$141.14**	**$187,162.45**
Indemnity			**$2,877,984.73**	**$0.00**	**$2,877,984.73**
Medical			**$4,907,830.57**	**$888,090.07**	**$5,795,920.64**
			$7,972,836.61	**$888,231.21**	**$8,861,067.82**
# of Claims	**1,034**				
# Open	**7**	**Recovery Amount:**	**-58,799.23**		
	07/01/2010 - 06/30/2011				
Expense			**$137,159.38**	**$60.22**	**$137,219.60**
Indemnity			**$2,034,167.77**	**$0.00**	**$2,034,167.77**
Medical			**$4,181,196.22**	**$3,227,704.09**	**$7,408,900.31**
			$6,352,523.37	**$3,227,764.31**	**$9,580,287.68**
# of Claims	**1,144**				
# Open	**3**	**Recovery Amount:**	**-88,159.09**		
	07/01/2009 - 06/30/2010				
Expense			**$239,433.02**	**$2,067.04**	**$241,500.06**
Indemnity			**$3,238,385.30**	**$0.00**	**$3,238,385.30**
Medical			**$4,108,290.02**	**$2,304,537.56**	**$6,412,827.58**
			$7,586,108.34	**$2,306,604.60**	**$9,892,712.94**
# of Claims	**1,262**				
# Open	**10**	**Recovery Amount:**	**-63,291.84**		
	07/01/2008 - 06/30/2009				
Expense			**$131,760.32**	**$6,937.95**	**$138,698.27**
Indemnity			**$2,190,328.04**	**$0.00**	**$2,190,328.04**
Medical			**$3,080,519.74**	**$181,661.05**	**$3,262,180.79**
			$5,402,608.10	**$188,599.00**	**$5,591,207.10**
# of Claims	**1,163**				
# Open	**3**	**Recovery Amount:**	**-32,232.68**		
	07/01/2007 - 06/30/2008				
Expense			**$183,244.96**	**$15,831.71**	**$199,076.67**
Indemnity			**$2,930,184.03**	**$0.00**	**$2,930,184.03**
Medical			**$5,011,219.28**	**$278,501.79**	**$5,289,721.07**
			$8,124,648.27	**$294,333.50**	**$8,418,981.77**
# of Claims	**1,323**				
# Open	**4**	**Recovery Amount:**	**-121,406.19**		

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2006 - 06/30/2007				
Expense.....	.....		$182,809.96	$79,604.15	$262,414.11
Indemnity.....	.....		$2,183,613.84	$0.00	$2,183,613.84
Medical.....	.....		$3,520,325.09	$1,594,776.15	$5,115,101.24
			$5,886,748.89	$1,674,380.30	$7,561,129.19
# of Claims	1,211				
# Open	5	Recovery Amount:	-76,668.43		
	07/01/2005 - 06/30/2006				
Expense.....	.....		$139,833.85	$122.32	$139,956.17
Indemnity.....	.....		$1,710,225.73	$0.00	$1,710,225.73
Medical.....	.....		$4,061,743.57	$2,876,263.55	$6,938,007.12
			$5,911,803.15	$2,876,385.87	$8,788,189.02
# of Claims	1,283				
# Open	8	Recovery Amount:	-68,911.47		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$136,768.44	$260.22	$137,028.66
Indemnity.....	.....		$2,172,789.52	$0.00	$2,172,789.52
Medical.....	.....		$5,986,366.19	$1,242,431.66	$7,228,797.85
			$8,295,924.15	$1,242,691.88	$9,538,616.03
# of Claims	1,152				
# Open	7	Recovery Amount:	-261,538.20		
	07/01/2003 - 06/30/2004				
Expense.....	.....		$119,814.45	$77.16	$119,891.61
Indemnity.....	.....		$2,361,896.44	$0.00	$2,361,896.44
Medical.....	.....		$3,895,334.51	$1,292,188.52	$5,187,523.03
			$6,377,045.40	$1,292,265.68	$7,669,311.08
# of Claims	1,203				
# Open	6	Recovery Amount:	-74,755.49		
	07/01/2002 - 06/30/2003				
Expense.....	.....		$112,575.38	$162.72	$112,738.10
Indemnity.....	.....		$3,505,284.76	$0.00	$3,505,284.76
Medical.....	.....		$6,670,001.10	$853,700.04	$7,523,701.14
			$10,287,861.24	$853,862.76	$11,141,724.00
# of Claims	1,312				
# Open	11	Recovery Amount:	-31,259.38		

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2001 - 06/30/2002				
Expense.....	.....		$57,514.30	$124.22	$57,638.52
Indemnity.....	.....		$1,398,418.71	$0.00	$1,398,418.71
Medical.....	.....		$2,665,419.55	$759,750.10	$3,425,169.65
			$4,121,352.56	$759,874.32	$4,881,226.88
# of Claims	1,437				
# Open	4	Recovery Amount:	-19,327.80		
	07/01/2000 - 06/30/2001				
Expense.....	.....		$87,572.32	$11,642.55	$99,214.87
Indemnity.....	.....		$2,082,742.92	$0.00	$2,082,742.92
Medical.....	.....		$5,647,255.80	$1,926,407.25	$7,573,663.05
			$7,817,571.04	$1,938,049.80	$9,755,620.84
# of Claims	1,562				
# Open	7	Recovery Amount:	-78,042.91		
	07/01/1999 - 06/30/2000				
Expense.....	.....		$71,181.80	$20,190.86	$91,372.66
Indemnity.....	.....		$2,811,998.53	$857,346.15	$3,669,344.68
Medical.....	.....		$4,737,782.07	$1,779,452.05	$6,517,234.12
			$7,620,962.40	$2,656,989.06	$10,277,951.46
# of Claims	1,731				
# Open	8	Recovery Amount:	-35,867.90		
	07/01/1998 - 06/30/1999				
Expense.....	.....		$45,609.54	$3,642.43	$49,251.97
Indemnity.....	.....		$1,798,836.72	$0.00	$1,798,836.72
Medical.....	.....		$4,464,872.64	$1,425,426.87	$5,890,299.51
			$6,309,318.90	$1,429,069.30	$7,738,388.20
# of Claims	1,835				
# Open	6	Recovery Amount:	-17,329.31		
	07/01/1997 - 06/30/1998				
Expense.....	.....		$43,486.49	$1,285.69	$44,772.18
Indemnity.....	.....		$3,602,721.31	$0.00	$3,602,721.31
Medical.....	.....		$6,306,416.53	$1,905,547.33	$8,211,963.86
			$9,952,624.33	$1,906,833.02	$11,859,457.35
# of Claims	1,853				
# Open	5	Recovery Amount:	-54,963.39		

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1996 - 06/30/1997				
Expense.....	.....		$14,776.88	$0.00	$14,776.88
Indemnity.....	.....		$2,412,866.62	$0.00	$2,412,866.62
Medical.....	.....		$6,193,069.80	$2,759,485.28	$8,952,555.08
			$8,620,713.30	$2,759,485.28	$11,380,198.58
# of Claims	2,208				
# Open	2	Recovery Amount:	-60,816.98		
	07/01/1995 - 06/30/1996				
Expense.....	.....		$87,914.30	$92,973.37	$180,887.67
Indemnity.....	.....		$3,051,597.56	$0.00	$3,051,597.56
Medical.....	.....		$6,198,066.90	$1,271,974.41	$7,470,041.31
			$9,337,578.76	$1,364,947.78	$10,702,526.54
# of Claims	2,219				
# Open	7	Recovery Amount:	-114,690.90		
	07/01/1994 - 06/30/1995				
Expense.....	.....		$29,595.48	$2,762.19	$32,357.67
Indemnity.....	.....		$3,397,524.75	$447,065.40	$3,844,590.15
Medical.....	.....		$3,579,027.90	$537,281.79	$4,116,309.69
			$7,006,148.13	$987,109.38	$7,993,257.51
# of Claims	2,208				
# Open	4	Recovery Amount:	-37,400.22		
	07/01/1993 - 06/30/1994				
Expense.....	.....		$26,331.09	$62.10	$26,393.19
Indemnity.....	.....		$3,407,868.94	$0.00	$3,407,868.94
Medical.....	.....		$4,563,185.48	$320,515.91	$4,883,701.39
			$7,997,385.51	$320,578.01	$8,317,963.52
# of Claims	2,489				
# Open	4	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.....	.....		$4,543,598.30	$750,792.72	$5,294,391.02
			$7,868,022.73	$830,238.95	$8,698,261.68
# of Claims	2,378				
# Open	3	Recovery Amount:	-5,513.81		

701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1991 - 06/30/1992				
Expense.....	.....		$182,268.70	$41.40	$182,310.10
Indemnity.....	.....		$4,148,617.15	$0.00	$4,148,617.15
Medical.....	.....		$4,433,161.39	$250,924.03	$4,684,085.42
			$8,764,047.24	$250,965.43	$9,015,012.67
# of Claims	2,086				
# Open	3	Recovery Amount:	-41.25		
	07/01/1990 - 06/30/1991				
Expense.....	.....		$97,893.24	$13,145.29	$111,038.53
Indemnity.....	.....		$2,947,625.43	$491,287.19	$3,438,912.62
Medical.....	.....		$3,675,835.90	$89,193.06	$3,765,028.96
			$6,721,354.57	$593,625.54	$7,314,980.11
# of Claims	1,823				
# Open	3	Recovery Amount:	-262.02		
	07/01/1989 - 06/30/1990				
Expense.....	.....		$226,497.60	$24,349.25	$250,846.85
Indemnity.....	.....		$4,400,965.96	$365,302.29	$4,766,268.25
Medical.....	.....		$4,488,606.81	$440,610.13	$4,929,216.94
			$9,116,070.37	$830,261.67	$9,946,332.04
# of Claims	2,216				
# Open	4	Recovery Amount:	-3,266.74		
	07/01/1988 - 06/30/1989				
Expense.....	.....		$169,888.86	$52,324.24	$222,213.10
Indemnity.....	.....		$3,012,848.18	$0.00	$3,012,848.18
Medical.....	.....		$4,039,443.57	$685,249.78	$4,724,693.35
			$7,222,180.61	$737,574.02	$7,959,754.63
# of Claims	1,958				
# Open	1	Recovery Amount:	-8,353.83		
	07/01/1987 - 06/30/1988				
Expense.....	.....		$195,280.68	$18.82	$195,299.50
Indemnity.....	.....		$2,193,152.21	$0.00	$2,193,152.21
Medical.....	.....		$5,430,048.60	$1,671,748.39	$7,101,796.99
			$7,818,481.49	$1,671,767.21	$9,490,248.70
# of Claims	1,848				
# Open	2	Recovery Amount:	-29,507.09		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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701 - DEPARTMENT OF CORRECTIONS

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1986 - 06/30/1987				
Expense			**$166,345.85**	**$14,423.55**	**$180,769.40**
Indemnity			**$1,903,000.88**	**$0.00**	**$1,903,000.88**
Medical			**$2,063,094.24**	**$102,296.36**	**$2,165,390.60**
			$4,132,440.97	**$116,719.91**	**$4,249,160.88**
# of Claims	**1,737**				
# Open	**1**	**Recovery Amount:**	**-9,896.59**		

702 - Dept For Blind & Vision Impaired

Grand Totals for 702 - Dept For Blind & Vision Impaired	Paid to Date	Outstanding	Incurred
Expense.....	$54,778.19	$7,310.20	$62,088.39
Indemnity.....	$852,565.62	$18,072.43	$870,638.05
Medical.....	$1,506,686.87	$87,411.12	$1,594,097.99
	$2,414,030.68	$112,793.75	$2,526,824.43

# of Claims 1,156
 # Open 8 **Recovery Amount:** -$186,565.30

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$69.84	$3,700.00	$3,769.84
Indemnity.....	.....		$0.00	$9,000.00	$9,000.00
Medical.....	.....		$5,934.40	$24,057.89	$29,992.29
			$6,004.24	$36,757.89	$42,762.13
# of Claims	20				
# Open	5	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$2,707.44	$3,610.20	$6,317.64
Indemnity.....	.....		$36,752.57	$9,072.43	$45,825.00
Medical.....	.....		$77,532.02	$63,353.23	$140,885.25
			$116,992.03	$76,035.86	$193,027.89
# of Claims	14				
# Open	3	Recovery Amount:	-3,545.06		
	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				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

702 - Dept For Blind & Vision Impaired

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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		

702 - Dept For Blind & Vision Impaired

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

702 - Dept For Blind & Vision Impaired

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

702 - Dept For Blind & Vision Impaired

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

702 - Dept For Blind & Vision Impaired

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

702 - Dept For Blind & Vision Impaired

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

702 - Dept For Blind & Vision Impaired

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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702 - Dept For Blind & Vision Impaired

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

720 - Behavioral Health & Develop. Svcs.

Grand Totals for 720 - Behavioral Health & Develop. Svcs.	Paid to Date	Outstanding	Incurred
Expense.....	$7,021,325.80	$1,366,978.95	$8,388,304.75
Indemnity.....	$138,753,823.82	$10,404,781.21	$149,158,605.03
Medical.....	$213,229,158.15	$77,424,272.19	$290,653,430.34
	$359,004,307.77	$89,196,032.35	$448,200,340.12

# of Claims 88,232
 # Open 509 **Recovery Amount:** -$723,265.96

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$77,810.76	$144,326.35	$222,137.11
Indemnity.....	.....		$853,582.74	$1,800,405.84	$2,653,988.58
Medical.....	.....		$1,678,814.92	$3,728,014.83	$5,406,829.75
			$2,610,208.42	$5,672,747.02	$8,282,955.44
# of Claims	1,437				
# Open	185	Recovery Amount:	-4,888.74		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$154,062.17	$104,955.09	$259,017.26
Indemnity.....	.....		$2,201,740.25	$2,344,443.57	$4,546,183.82
Medical.....	.....		$2,541,024.33	$1,771,515.46	$4,312,539.79
			$4,896,826.75	$4,220,914.12	$9,117,740.87
# of Claims	1,378				
# Open	39	Recovery Amount:	0.00		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$154,760.22	$93,304.53	$248,064.75
Indemnity.....	.....		$2,520,814.87	$2,074,863.10	$4,595,677.97
Medical.....	.....		$2,782,515.31	$1,569,633.67	$4,352,148.98
			$5,458,090.40	$3,737,801.30	$9,195,891.70
# of Claims	1,533				
# Open	24	Recovery Amount:	-3,658.01		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$96,951.83	$27,076.83	$124,028.66
Indemnity.....	.....		$2,105,556.49	$495,407.19	$2,600,963.68
Medical.....	.....		$1,965,390.64	$2,457,456.80	$4,422,847.44
			$4,167,898.96	$2,979,940.82	$7,147,839.78
# of Claims	1,192				

720 - Behavioral Health & Develop. Svcs.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	9	Recovery Amount:	-13,726.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$80,793.67	$26,264.16	$107,057.83
Indemnity.....	.....		$2,065,859.29	$829,285.93	$2,895,145.22
Medical.....	.....		$2,456,242.56	$5,694,525.76	$8,150,768.32
			$4,602,895.52	$6,550,075.85	$11,152,971.37
# of Claims	1,209				
# Open	8	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$119,107.24	$47,726.60	$166,833.84
Indemnity.....	.....		$2,233,607.88	$789,002.44	$3,022,610.32
Medical.....	.....		$2,252,974.81	$566,293.26	$2,819,268.07
			$4,605,689.93	$1,403,022.30	$6,008,712.23
# of Claims	1,260				
# Open	13	Recovery Amount:	-127.58		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$143,293.67	$51,084.63	$194,378.30
Indemnity.....	.....		$3,139,334.67	$991,056.02	$4,130,390.69
Medical.....	.....		$4,501,459.39	$5,724,451.10	$10,225,910.49
			$7,784,087.73	$6,766,591.75	$14,550,679.48
# of Claims	1,530				
# Open	16	Recovery Amount:	-90.37		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$137,558.02	$12,251.19	$149,809.21
Indemnity.....	.....		$1,732,965.25	$235,206.82	$1,968,172.07
Medical.....	.....		$2,620,952.35	$293,699.12	$2,914,651.47
			$4,491,475.62	$541,157.13	$5,032,632.75
# of Claims	1,655				
# Open	9	Recovery Amount:	-47,847.18		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$115,329.70	$139.06	$115,468.76
Indemnity.....	.....		$2,322,931.77	$56,173.01	$2,379,104.78
Medical.....	.....		$3,243,713.87	$1,195,931.03	$4,439,644.90
			$5,681,975.34	$1,252,243.10	$6,934,218.44
# of Claims	1,726				
# Open	7	Recovery Amount:	-1,740.10		

720 - Behavioral Health & Develop. Svcs.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2016 - 06/30/2017				
Expense.....	.....		$392,914.69	$43,973.27	$436,887.96
Indemnity.....	.....		$5,777,984.25	$84,718.70	$5,862,702.95
Medical.....	.....		$5,349,668.83	$2,987,771.72	$8,337,440.55
			$11,520,567.77	$3,116,463.69	$14,637,031.46
# of Claims	1,811				
# Open	16	Recovery Amount:	0.00		
	07/01/2015 - 06/30/2016				
Expense.....	.....		$175,380.05	$112,855.08	$288,235.13
Indemnity.....	.....		$4,074,171.77	$66,974.15	$4,141,145.92
Medical.....	.....		$6,449,591.29	$911,791.73	$7,361,383.02
			$10,699,143.11	$1,091,620.96	$11,790,764.07
# of Claims	2,102				
# Open	8	Recovery Amount:	-40,393.90		
	07/01/2014 - 06/30/2015				
Expense.....	.....		$185,299.63	$114,434.66	$299,734.29
Indemnity.....	.....		$4,264,608.51	$0.00	$4,264,608.51
Medical.....	.....		$5,480,149.47	$5,118,757.35	$10,598,906.82
			$9,930,057.61	$5,233,192.01	$15,163,249.62
# of Claims	2,278				
# Open	9	Recovery Amount:	-30,000.00		
	07/01/2013 - 06/30/2014				
Expense.....	.....		$180,513.74	$60.22	$180,573.96
Indemnity.....	.....		$4,238,908.01	$22,309.11	$4,261,217.12
Medical.....	.....		$6,066,494.44	$2,676,989.82	$8,743,484.26
			$10,485,916.19	$2,699,359.15	$13,185,275.34
# of Claims	2,242				
# Open	5	Recovery Amount:	-24,946.15		
	07/01/2012 - 06/30/2013				
Expense.....	.....		$121,139.45	$26,838.35	$147,977.80
Indemnity.....	.....		$2,389,301.63	$0.00	$2,389,301.63
Medical.....	.....		$3,857,594.39	$1,121,257.15	$4,978,851.54
			$6,368,035.47	$1,148,095.50	$7,516,130.97
# of Claims	2,186				
# Open	6	Recovery Amount:	-22,185.01		

720 - Behavioral Health & Develop. Svcs.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2011 - 06/30/2012				
Expense.....	.....		$239,439.54	$36,073.67	$275,513.21
Indemnity.....	.....		$4,705,938.50	$0.00	$4,705,938.50
Medical.....	.....		$6,789,958.06	$4,848,916.78	$11,638,874.84
			$11,735,336.10	$4,884,990.45	$16,620,326.55
# of Claims	2,408				
# Open	9	Recovery Amount:	-37,314.43		
	07/01/2010 - 06/30/2011				
Expense.....	.....		$167,915.63	$49,460.97	$217,376.60
Indemnity.....	.....		$2,446,085.24	$0.00	$2,446,085.24
Medical.....	.....		$5,366,840.48	$4,168,508.00	$9,535,348.48
			$7,980,841.35	$4,217,968.97	$12,198,810.32
# of Claims	2,693				
# Open	6	Recovery Amount:	-6,851.58		
	07/01/2009 - 06/30/2010				
Expense.....	.....		$267,087.91	$3,845.85	$270,933.76
Indemnity.....	.....		$4,707,541.93	$0.00	$4,707,541.93
Medical.....	.....		$7,193,788.78	$390,127.56	$7,583,916.34
			$12,168,418.62	$393,973.41	$12,562,392.03
# of Claims	2,700				
# Open	8	Recovery Amount:	-20,424.75		
	07/01/2008 - 06/30/2009				
Expense.....	.....		$159,310.82	$18.82	$159,329.64
Indemnity.....	.....		$2,341,353.29	$0.00	$2,341,353.29
Medical.....	.....		$4,173,357.55	$492,518.08	$4,665,875.63
			$6,674,021.66	$492,536.90	$7,166,558.56
# of Claims	2,776				
# Open	4	Recovery Amount:	-20,769.91		
	07/01/2007 - 06/30/2008				
Expense.....	.....		$223,243.79	$24,010.33	$247,254.12
Indemnity.....	.....		$2,542,505.84	$0.00	$2,542,505.84
Medical.....	.....		$5,409,087.23	$1,414,389.22	$6,823,476.45
			$8,174,836.86	$1,438,399.55	$9,613,236.41
# of Claims	2,738				
# Open	11	Recovery Amount:	-35,296.23		

720 - Behavioral Health & Develop. Svcs.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2006 - 06/30/2007				
Expense.....	.....		$301,008.41	$121.62	$301,130.03
Indemnity.....	.....		$4,374,597.35	$0.00	$4,374,597.35
Medical.....	.....		$6,909,245.88	$1,012,391.74	$7,921,637.62
			$11,584,851.64	$1,012,513.36	$12,597,365.00
# of Claims	2,762				
# Open	8	Recovery Amount:	-2,777.35		
	07/01/2005 - 06/30/2006				
Expense.....	.....		$349,438.42	$132,183.40	$481,621.82
Indemnity.....	.....		$3,675,990.19	$614,935.33	$4,290,925.52
Medical.....	.....		$9,239,054.06	$2,895,869.59	$12,134,923.65
			$13,264,482.67	$3,642,988.32	$16,907,470.99
# of Claims	2,898				
# Open	10	Recovery Amount:	-3,291.01		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$268,363.10	$12,303.62	$280,666.72
Indemnity.....	.....		$3,984,432.54	$0.00	$3,984,432.54
Medical.....	.....		$6,298,106.97	$3,743,050.82	$10,041,157.79
			$10,550,902.61	$3,755,354.44	$14,306,257.05
# of Claims	2,678				
# Open	8	Recovery Amount:	-3,129.18		
	07/01/2003 - 06/30/2004				
Expense.....	.....		$208,736.60	$64,853.56	$273,590.16
Indemnity.....	.....		$3,387,971.71	$0.00	$3,387,971.71
Medical.....	.....		$5,105,694.79	$1,062,550.81	$6,168,245.60
			$8,702,403.10	$1,127,404.37	$9,829,807.47
# of Claims	3,010				
# Open	8	Recovery Amount:	-6,999.28		
	07/01/2002 - 06/30/2003				
Expense.....	.....		$176,660.92	$1,958.42	$178,619.34
Indemnity.....	.....		$5,126,991.14	$0.00	$5,126,991.14
Medical.....	.....		$4,762,915.79	$3,507,927.95	$8,270,843.74
			$10,066,567.85	$3,509,886.37	$13,576,454.22
# of Claims	2,962				
# Open	6	Recovery Amount:	-19,827.03		

720 - Behavioral Health & Develop. Svcs.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2001 - 06/30/2002				
Expense.....	.....		$171,469.63	$1,188.02	$172,657.65
Indemnity.....	.....		$5,246,071.95	$0.00	$5,246,071.95
Medical.....	.....		$5,941,174.53	$312,841.16	$6,254,015.69
			$11,358,716.11	$314,029.18	$11,672,745.29
# of Claims	3,466				
# Open	5	Recovery Amount:	-3,083.39		
	07/01/2000 - 06/30/2001				
Expense.....	.....		$123,815.63	$17,972.98	$141,788.61
Indemnity.....	.....		$4,191,671.90	$0.00	$4,191,671.90
Medical.....	.....		$5,457,683.00	$467,424.99	$5,925,107.99
			$9,773,170.53	$485,397.97	$10,258,568.50
# of Claims	2,890				
# Open	5	Recovery Amount:	-12,164.49		
	07/01/1999 - 06/30/2000				
Expense.....	.....		$132,156.17	$54,649.28	$186,805.45
Indemnity.....	.....		$2,956,309.91	$0.00	$2,956,309.91
Medical.....	.....		$4,458,878.85	$926,065.19	$5,384,944.04
			$7,547,344.93	$980,714.47	$8,528,059.40
# of Claims	1,899				
# Open	7	Recovery Amount:	-24,236.40		
	07/01/1998 - 06/30/1999				
Expense.....	.....		$81,943.20	$141.14	$82,084.34
Indemnity.....	.....		$3,235,927.76	$0.00	$3,235,927.76
Medical.....	.....		$6,479,104.25	$1,412,761.79	$7,891,866.04
			$9,796,975.21	$1,412,902.93	$11,209,878.14
# of Claims	1,607				
# Open	8	Recovery Amount:	-36,499.13		
	07/01/1997 - 06/30/1998				
Expense.....	.....		$120,830.78	$80,963.04	$201,793.82
Indemnity.....	.....		$4,163,587.50	$0.00	$4,163,587.50
Medical.....	.....		$8,262,350.76	$2,176,676.80	$10,439,027.56
			$12,546,769.04	$2,257,639.84	$14,804,408.88
# of Claims	1,947				
# Open	11	Recovery Amount:	-36,116.20		

720 - Behavioral Health & Develop. Svcs.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1996 - 06/30/1997				
Expense.....	.....		$79,483.52	$37,294.28	$116,777.80
Indemnity.....	.....		$4,135,578.18	$0.00	$4,135,578.18
Medical.....	.....		$8,474,915.21	$7,630,856.06	$16,105,771.27
			$12,689,976.91	$7,668,150.34	$20,358,127.25
# of Claims	2,015				
# Open	5	Recovery Amount:	-4,164.91		
	07/01/1995 - 06/30/1996				
Expense.....	.....		$30,860.29	$99.54	$30,959.83
Indemnity.....	.....		$2,948,718.33	$0.00	$2,948,718.33
Medical.....	.....		$7,257,451.30	$425,368.63	$7,682,819.93
			$10,237,029.92	$425,468.17	$10,662,498.09
# of Claims	1,877				
# Open	8	Recovery Amount:	-13,160.39		
	07/01/1994 - 06/30/1995				
Expense.....	.....		$36,541.02	$217.40	$36,758.42
Indemnity.....	.....		$3,626,013.89	$0.00	$3,626,013.89
Medical.....	.....		$5,059,723.06	$490,752.55	$5,550,475.61
			$8,722,277.97	$490,969.95	$9,213,247.92
# of Claims	2,036				
# Open	4	Recovery Amount:	-8,455.83		
	07/01/1993 - 06/30/1994				
Expense.....	.....		$28,461.26	$41.40	$28,502.66
Indemnity.....	.....		$4,276,552.82	$0.00	$4,276,552.82
Medical.....	.....		$6,311,696.38	$212,149.13	$6,523,845.51
			$10,616,710.46	$212,190.53	$10,828,900.99
# of Claims	2,211				
# Open	3	Recovery Amount:	-123,433.09		
	07/01/1992 - 06/30/1993				
Expense.....	.....		$54,203.89	$99.74	$54,303.63
Indemnity.....	.....		$3,964,386.63	$0.00	$3,964,386.63
Medical.....	.....		$8,338,370.88	$2,217,734.95	$10,556,105.83
			$12,356,961.40	$2,217,834.69	$14,574,796.09
# of Claims	2,350				
# Open	6	Recovery Amount:	-22,787.28		

720 - Behavioral Health & Develop. Svcs.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1991 - 06/30/1992				
Expense.....	.....		$260,480.71	$27,020.81	$287,501.52
Indemnity.....	.....		$3,862,121.54	$0.00	$3,862,121.54
Medical.....	.....		$5,648,088.54	$49,120.90	$5,697,209.44
			$9,770,690.79	$76,141.71	$9,846,832.50
# of Claims	2,415				
# Open	3	Recovery Amount:	-2,047.51		
	07/01/1990 - 06/30/1991				
Expense.....	.....		$233,224.01	$16,973.01	$250,197.02
Indemnity.....	.....		$3,666,409.70	$0.00	$3,666,409.70
Medical.....	.....		$7,049,129.55	$549,690.01	$7,598,819.56
			$10,948,763.26	$566,663.02	$11,515,426.28
# of Claims	2,399				
# Open	5	Recovery Amount:	-1,606.05		
	07/01/1989 - 06/30/1990				
Expense.....	.....		$280,326.91	$18.82	$280,345.73
Indemnity.....	.....		$5,154,421.47	$0.00	$5,154,421.47
Medical.....	.....		$8,485,124.87	$32,215.09	$8,517,339.96
			$13,919,873.25	$32,233.91	$13,952,107.16
# 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.....	.....		$4,817,525.98	$1,018,103.86	$5,835,629.84
			$9,642,516.09	$1,018,205.91	$10,660,722.00
# of Claims	2,532				
# Open	2	Recovery Amount:	-17,583.96		
	07/01/1987 - 06/30/1988				
Expense.....	.....		$327,067.58	$37.64	$327,105.22
Indemnity.....	.....		$3,028,546.72	$0.00	$3,028,546.72
Medical.....	.....		$5,204,504.19	$58,672.12	$5,263,176.31
			$8,560,118.49	$58,709.76	$8,618,828.25
# of Claims	2,593				
# Open	2	Recovery Amount:	-5,174.44		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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720 - Behavioral Health & Develop. Svcs.

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1986 - 06/30/1987				
Expense			**$219,050.30**	**$39.52**	**$219,089.82**
Indemnity			**$2,603,031.22**	**$0.00**	**$2,603,031.22**
Medical			**$3,488,800.61**	**$89,499.61**	**$3,578,300.22**
			$6,310,882.13	**$89,539.13**	**$6,400,421.26**
# of Claims	**2,360**				
# Open	**2**	**Recovery Amount:**	**-1,994.37**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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.....	$887.31	$4,131.51	$5,018.82
Indemnity.....	$584.66	$0.00	$584.66
Medical.....	$155,521.71	$445,827.85	$601,349.56
	$156,993.68	$449,959.36	$606,953.04

# of Claims 1

 # Open 1 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1977 - 06/30/1978				
Expense.....	.....		$887.31	$4,131.51	$5,018.82
Indemnity.....	.....		$584.66	$0.00	$584.66
Medical.....	.....		$155,521.71	$445,827.85	$601,349.56
			$156,993.68	$449,959.36	$606,953.04
# 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.....	$80,304.22	$79,766.33	$160,070.55
Indemnity.....	$2,495,209.34	$0.00	$2,495,209.34
Medical.....	$3,373,886.72	$649,203.70	$4,023,090.42
	$5,949,400.28	$728,970.03	$6,678,370.31

# 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				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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	$20.70	$20,951.79
Indemnity.....	.....		$427,167.33	$0.00	$427,167.33
Medical.....	.....		$169,439.88	$106,096.05	$275,535.93
			$617,538.30	$106,116.75	$723,655.05
# 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	$20.70	$3,224.60
Indemnity.....	.....		$219,078.51	$0.00	$219,078.51
Medical.....	.....		$338,707.11	$11,035.88	$349,742.99
			$560,989.52	$11,056.58	$572,046.10
# 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.....	.....		$25,109.12	$79,724.93	$104,834.05
Indemnity.....	.....		$448,499.37	$0.00	$448,499.37
Medical.....	.....		$788,022.75	$512,366.57	$1,300,389.32
			$1,261,631.24	$592,091.50	$1,853,722.74
# 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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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			**$16,784.75**	**$0.00**	**$16,784.75**
Indemnity			**$6,841.10**	**$0.00**	**$6,841.10**
Medical			**$219,598.56**	**$19,705.20**	**$239,303.76**
			$243,224.41	**$19,705.20**	**$262,929.61**
# 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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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**		

765 - SOCIAL SERVICES, DEPT. OF

Grand Totals for 765 - SOCIAL SERVICES, DEPT. OF	Paid to Date	Outstanding	Incurred
Expense.....	$56,220.48	$67,612.48	$123,832.96
Indemnity.....	$2,882,498.71	$8,000.00	$2,890,498.71
Medical.....	$3,738,065.73	$495,180.45	$4,233,246.18
	$6,676,784.92	$570,792.93	$7,247,577.85

# of Claims 1,621
 # Open 6 **Recovery Amount:** -$189,614.91

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$41.40	$291.40	$332.80
Indemnity.....	.....		$0.00	$8,000.00	$8,000.00
Medical.....	.....		$4,701.10	$14,126.53	$18,827.63
			$4,742.50	$22,417.93	$27,160.43
# of Claims	9				
# Open	3	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$556.46	$0.00	$556.46
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$2,376.51	$0.00	$2,376.51
			$2,932.97	$0.00	$2,932.97
# of Claims	4				
# Open	0	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.....	.....		$4,168.33	$0.00	$4,168.33
			$5,269.37	$0.00	$5,269.37
# 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				

765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**	**$20.70**	**$2,428.14**
Indemnity			**$17,654.37**	**$0.00**	**$17,654.37**
Medical			**$327,393.67**	**$274,625.16**	**$602,018.83**
			$347,455.48	**$274,645.86**	**$622,101.34**
# 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**		

765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2006 - 06/30/2007				
Expense.....	.....		$9,833.38	$65,560.18	$75,393.56
Indemnity.....	.....		$239,450.14	$0.00	$239,450.14
Medical.....	.....		$444,222.47	$90,756.46	$534,978.93
			$693,505.99	$156,316.64	$849,822.63
# of Claims	44				
# Open	1	Recovery Amount:	0.00		
	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.....	.....		$13,651.80	$1,740.20	$15,392.00
Indemnity.....	.....		$158,323.26	$0.00	$158,323.26
Medical.....	.....		$523,228.89	$115,672.30	$638,901.19
			$695,203.95	$117,412.50	$812,616.45
# of Claims	48				
# Open	1	Recovery Amount:	-6,244.18		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**	**$0.00**	**$307,455.07**
			$507,124.79	**$0.00**	**$507,124.79**
# of Claims	**62**				
# Open	**0**	**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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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765 - SOCIAL SERVICES, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		

766 - VIRGINIA PAROLE BOARD

Grand Totals for 766 - VIRGINIA PAROLE BOARD	Paid to Date	Outstanding	Incurred
Expense.....	$629.72	$0.00	$629.72
Indemnity.....	$30,843.68	$0.00	$30,843.68
Medical.....	$101,820.96	$0.00	$101,820.96
	$133,294.36	$0.00	$133,294.36

# of Claims 37
 # Open 0 **Recovery Amount:** -$7,000.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2024 - 06/30/2025				
Expense.....	.....		$11.87	$0.00	$11.87
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$578.58	$0.00	$578.58
			$590.45	$0.00	$590.45
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	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				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

766 - VIRGINIA PAROLE BOARD

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.....	.....		$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		
	07/01/2004 - 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		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

766 - VIRGINIA PAROLE BOARD

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	5				
# 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.....	.....		$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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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766 - VIRGINIA PAROLE BOARD

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			**$34.65**	**$0.00**	**$34.65**
			$34.65	**$0.00**	**$34.65**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	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.....	$1,324,325.07	$75,084.67	$1,399,409.74
Indemnity.....	$26,161,150.72	$2,290,392.91	$28,451,543.63
Medical.....	$38,923,661.65	$6,276,591.64	$45,200,253.29
	$66,409,137.44	$8,642,069.22	$75,051,206.66

# of Claims 10,231
 # Open 89 **Recovery Amount:** -$171,603.73

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$18,322.93	$33,735.01	$52,057.94
Indemnity.....	.....		$286,597.74	$565,362.30	$851,960.04
Medical.....	.....		$326,805.90	$655,410.92	$982,216.82
			$631,726.57	$1,254,508.23	$1,886,234.80
# of Claims	176				
# Open	39	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$21,086.59	$10,539.80	$31,626.39
Indemnity.....	.....		$245,649.25	$268,940.38	$514,589.63
Medical.....	.....		$380,436.04	$129,870.56	$510,306.60
			$647,171.88	$409,350.74	$1,056,522.62
# of Claims	155				
# Open	5	Recovery Amount:	-298.14		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$32,407.30	$1,931.00	$34,338.30
Indemnity.....	.....		$366,115.79	$167,929.56	$534,045.35
Medical.....	.....		$765,022.68	$161,160.03	$926,182.71
			$1,163,545.77	$331,020.59	$1,494,566.36
# of Claims	150				
# Open	4	Recovery Amount:	-6,020.03		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$46,975.26	$3,236.69	$50,211.95
Indemnity.....	.....		$324,977.29	$209,503.49	$534,480.78
Medical.....	.....		$555,184.18	$37,050.20	$592,234.38
			$927,136.73	$249,790.38	$1,176,927.11
# of Claims	133				

777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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.....	.....		$185,905.69	$0.00	$185,905.69
			$290,302.55	$0.00	$290,302.55
# of Claims	100				
# Open	0	Recovery Amount:	0.00		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$71,601.26	$0.00	$71,601.26
Indemnity.....	.....		$189,559.99	$0.00	$189,559.99
Medical.....	.....		$350,139.25	$26,041.41	$376,180.66
			$611,300.50	$26,041.41	$637,341.91
# 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.....	.....		$333,029.23	$0.00	$333,029.23
			$667,130.06	$0.00	$667,130.06
# of Claims	127				
# Open	0	Recovery Amount:	-6,480.65		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$54,825.35	$8,102.45	$62,927.80
Indemnity.....	.....		$682,623.73	$148,235.51	$830,859.24
Medical.....	.....		$833,261.62	$571,449.34	$1,404,710.96
			$1,570,710.70	$727,787.30	$2,298,498.00
# of Claims	148				
# Open	2	Recovery Amount:	0.00		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$25,942.22	$2,513.36	$28,455.58
Indemnity.....	.....		$474,755.10	$49,139.17	$523,894.27
Medical.....	.....		$665,439.65	$250,586.41	$916,026.06
			$1,166,136.97	$302,238.94	$1,468,375.91
# of Claims	144				
# Open	3	Recovery Amount:	-8,216.58		

777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2016 - 06/30/2017				
Expense.....	.....		$15,921.55	$18.82	$15,940.37
Indemnity.....	.....		$220,759.34	$0.00	$220,759.34
Medical.....	.....		$663,208.92	$10,000.00	$673,208.92
			$899,889.81	$10,018.82	$909,908.63
# of Claims	164				
# Open	1	Recovery Amount:	-4,875.10		
	07/01/2015 - 06/30/2016				
Expense.....	.....		$36,542.27	$2,540.70	$39,082.97
Indemnity.....	.....		$558,399.64	$0.00	$558,399.64
Medical.....	.....		$1,296,467.43	$116,422.72	$1,412,890.15
			$1,891,409.34	$118,963.42	$2,010,372.76
# of Claims	273				
# Open	2	Recovery Amount:	-4,462.99		
	07/01/2014 - 06/30/2015				
Expense.....	.....		$65,146.83	$20.70	$65,167.53
Indemnity.....	.....		$1,017,032.47	$0.00	$1,017,032.47
Medical.....	.....		$932,988.77	$128,723.14	$1,061,711.91
			$2,015,168.07	$128,743.84	$2,143,911.91
# of Claims	338				
# Open	1	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.....	.....		$1,267,796.81	$427,839.96	$1,695,636.77
			$2,761,622.18	$427,877.60	$3,189,499.78
# of Claims	318				
# Open	2	Recovery Amount:	-10,096.28		
	07/01/2012 - 06/30/2013				
Expense.....	.....		$40,322.15	$20.70	$40,342.85
Indemnity.....	.....		$412,384.77	$0.00	$412,384.77
Medical.....	.....		$1,594,450.71	$3,348.36	$1,597,799.07
			$2,047,157.63	$3,369.06	$2,050,526.69
# of Claims	442				
# Open	1	Recovery Amount:	-5,257.99		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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			**$1,255,004.91**	**$25,101.58**	**$1,280,106.49**
			$2,054,362.12	**$25,101.58**	**$2,079,463.70**
# of Claims	**310**				
# Open	**1**	**Recovery Amount:**	**-10,388.28**		
	07/01/2010 - 06/30/2011				
Expense			**$104,294.00**	**$0.00**	**$104,294.00**
Indemnity			**$1,941,785.53**	**$0.00**	**$1,941,785.53**
Medical			**$1,990,003.24**	**$0.00**	**$1,990,003.24**
			$4,036,082.77	**$0.00**	**$4,036,082.77**
# 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**	**$0.00**	**$985,067.31**
			$1,851,709.12	**$0.00**	**$1,851,709.12**
# of Claims	**389**				
# Open	**0**	**Recovery Amount:**	**-27,556.18**		
	07/01/2008 - 06/30/2009				
Expense			**$62,210.81**	**$20.70**	**$62,231.51**
Indemnity			**$1,584,217.26**	**$0.00**	**$1,584,217.26**
Medical			**$2,228,057.07**	**$177,741.07**	**$2,405,798.14**
			$3,874,485.14	**$177,761.77**	**$4,052,246.91**
# of Claims	**321**				
# Open	**1**	**Recovery Amount:**	**-3,996.65**		
	07/01/2007 - 06/30/2008				
Expense			**$55,195.47**	**$60.22**	**$55,255.69**
Indemnity			**$741,514.26**	**$0.00**	**$741,514.26**
Medical			**$2,117,343.67**	**$577,395.62**	**$2,694,739.29**
			$2,914,053.40	**$577,455.84**	**$3,491,509.24**
# of Claims	**339**				
# Open	**3**	**Recovery Amount:**	**-5,297.11**		

777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2006 - 06/30/2007				
Expense.....	.....		$39,837.56	$716.74	$40,554.30
Indemnity.....	.....		$719,272.65	$0.00	$719,272.65
Medical.....	.....		$1,337,159.58	$345,278.91	$1,682,438.49
			$2,096,269.79	$345,995.65	$2,442,265.44
# of Claims	330				
# Open	2	Recovery Amount:	-13,441.82		
	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.....	.....		$1,352,938.52	$535,415.01	$1,888,353.53
			$2,155,416.60	$535,415.01	$2,690,831.61
# of Claims	374				
# Open	1	Recovery Amount:	0.00		
	07/01/2004 - 06/30/2005				
Expense.....	.....		$91,709.46	$4,808.94	$96,518.40
Indemnity.....	.....		$1,643,770.44	$491,583.94	$2,135,354.38
Medical.....	.....		$1,349,477.40	$146,972.89	$1,496,450.29
			$3,084,957.30	$643,365.77	$3,728,323.07
# of Claims	410				
# Open	3	Recovery Amount:	-312.30		
	07/01/2003 - 06/30/2004				
Expense.....	.....		$66,673.83	$6,587.77	$73,261.60
Indemnity.....	.....		$1,713,343.08	$389,698.56	$2,103,041.64
Medical.....	.....		$1,492,465.40	$82,471.92	$1,574,937.32
			$3,272,482.31	$478,758.25	$3,751,240.56
# of Claims	374				
# Open	2	Recovery Amount:	0.00		
	07/01/2002 - 06/30/2003				
Expense.....	.....		$10,887.03	$18.82	$10,905.85
Indemnity.....	.....		$565,697.21	$0.00	$565,697.21
Medical.....	.....		$947,357.37	$169,780.48	$1,117,137.85
			$1,523,941.61	$169,799.30	$1,693,740.91
# of Claims	337				
# Open	1	Recovery Amount:	-13,356.10		

777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2001 - 06/30/2002				
Expense.....	.....		$24,635.54	$20.70	$24,656.24
Indemnity.....	.....		$992,345.15	$0.00	$992,345.15
Medical.....	.....		$1,300,073.46	$12,728.98	$1,312,802.44
			$2,317,054.15	$12,749.68	$2,329,803.83
# of Claims	363				
# Open	1	Recovery Amount:	-87.65		
	07/01/2000 - 06/30/2001				
Expense.....	.....		$45,249.11	$82.80	$45,331.91
Indemnity.....	.....		$1,661,933.17	$0.00	$1,661,933.17
Medical.....	.....		$2,166,144.77	$409,143.17	$2,575,287.94
			$3,873,327.05	$409,225.97	$4,282,553.02
# of Claims	445				
# Open	4	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	$20.70	$11,305.96
Indemnity.....	.....		$1,313,254.82	$0.00	$1,313,254.82
Medical.....	.....		$2,151,201.06	$1,043,445.73	$3,194,646.79
			$3,475,741.14	$1,043,466.43	$4,519,207.57
# of Claims	432				
# Open	2	Recovery Amount:	-5,228.77		
	07/01/1997 - 06/30/1998				
Expense.....	.....		$4,750.81	$0.00	$4,750.81
Indemnity.....	.....		$340,346.10	$0.00	$340,346.10
Medical.....	.....		$597,694.46	$40,159.23	$637,853.69
			$942,791.37	$40,159.23	$982,950.60
# of Claims	377				
# Open	2	Recovery Amount:	-1,266.47		

777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1996 - 06/30/1997				
Expense.....	.....		$9,348.56	$20.70	$9,369.26
Indemnity.....	.....		$488,776.45	$0.00	$488,776.45
Medical.....	.....		$1,246,156.38	$39,951.44	$1,286,107.82
			$1,744,281.39	$39,972.14	$1,784,253.53
# of Claims	271				
# Open	1	Recovery Amount:	-3,829.63		
	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	$20.70	$1,037.19
Indemnity.....	.....		$289,929.32	$0.00	$289,929.32
Medical.....	.....		$278,533.68	$37,512.00	$316,045.68
			$569,479.49	$37,532.70	$607,012.19
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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777 - DEPT. OF JUVENILE JUSTICE

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1991 - 06/30/1992				
Expense			**$48,178.83**	**$9.01**	**$48,187.84**
Indemnity			**$839,022.49**	**$0.00**	**$839,022.49**
Medical			**$1,233,800.61**	**$115,590.56**	**$1,349,391.17**
			$2,121,001.93	**$115,599.57**	**$2,236,601.50**
# of Claims	**281**				
# Open	**1**	**Recovery Amount:**	**-157.00**		
	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.....	$975.39	$312.10	$1,287.49
Indemnity.....	$204,503.45	$18,823.04	$223,326.49
Medical.....	$382,052.64	$37,100.91	$419,153.55
	$587,531.48	$56,236.05	$643,767.53

# of Claims 262
 # Open 6 **Recovery Amount:** -$430.05

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$86.80	$270.70	$357.50
Indemnity.....	.....		$76.92	$7,923.08	$8,000.00
Medical.....	.....		$19,040.10	$18,226.81	$37,266.91
			$19,203.82	$26,420.59	$45,624.41
# of Claims	25				
# Open	4	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$34.57	$0.00	$34.57
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$7,295.05	$0.00	$7,295.05
			$7,329.62	$0.00	$7,329.62
# of Claims	9				
# 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	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				

778 - Department of Forensic Science

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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	$20.70	$165.00
Indemnity.....	.....		$160,509.91	$10,899.96	$171,409.87
Medical.....	.....		$63,455.85	$5,000.00	$68,455.85
			$224,110.06	$15,920.66	$240,030.72
# 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		

778 - Department of Forensic Science

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.....	.....		$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		
	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	$20.70	$52.70
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$68,735.32	$13,874.10	$82,609.42
			$68,767.32	$13,894.80	$82,662.12
# 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		

778 - Department of Forensic Science

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.....	.....		$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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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778 - Department of Forensic Science

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

841 - AVIATION, DEPT. OF

Grand Totals for 841 - AVIATION, DEPT. OF	Paid to Date	Outstanding	Incurred
Expense.....	$7,796.56	$3,280.00	$11,076.56
Indemnity.....	$71,851.51	$46,441.70	$118,293.21
Medical.....	$335,101.61	$111,588.97	$446,690.58
	$414,749.68	$161,310.67	$576,060.35

# of Claims	60		
# Open	2	Recovery Amount:	-$2,432.20

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$20.70	$2,800.00	$2,820.70
Indemnity.....	.....		$24,060.16	$46,441.70	$70,501.86
Medical.....	.....		$61,611.43	$37,388.57	$99,000.00
			$85,692.29	$86,630.27	$172,322.56
# of Claims	1				
# Open	1	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$7,601.92	$0.00	$7,601.92
			$7,601.92	$0.00	$7,601.92
# of Claims	6				
# Open	0	Recovery Amount:	-2,432.20		
	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				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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841 - AVIATION, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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841 - AVIATION, DEPT. OF

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			**$133.40**	**$0.00**	**$133.40**
			$133.40	**$0.00**	**$133.40**
# 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**		
	07/01/2009 - 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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841 - AVIATION, DEPT. 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			**$283.90**	**$0.00**	**$283.90**
			$283.90	**$0.00**	**$283.90**
# of Claims	**1**				
# 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			**$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			**$141,050.95**	**$74,200.40**	**$215,251.35**
			$168,561.67	**$74,680.40**	**$243,242.07**
# of Claims	**1**				
# Open	**1**	**Recovery Amount:**	**0.00**		

841 - AVIATION, DEPT. 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.....	.....		$338.00	$0.00	$338.00
			$338.00	$0.00	$338.00
# 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.....	.....		$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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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841 - AVIATION, 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			**$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**		
	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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

848 - VA Indigent Defense Commission

Grand Totals for 848 - VA Indigent Defense Commission	Paid to Date	Outstanding	Incurred
Expense.....	$3,576.54	$120.70	$3,697.24
Indemnity.....	$193,687.54	$0.00	$193,687.54
Medical.....	$256,446.99	$3,318.71	$259,765.70
	$453,711.07	$3,439.41	$457,150.48

# of Claims	114		
# Open	2	Recovery Amount:	-$22,825.39

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$23.07	$120.70	$143.77
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$1,730.38	$3,318.71	$5,049.09
			$1,753.45	$3,439.41	$5,192.86
# of Claims	4				
# Open	2	Recovery Amount:	0.00		
	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	$0.00	$103.01
Indemnity.....	.....		$8,440.01	$0.00	$8,440.01
Medical.....	.....		$1,394.84	$0.00	$1,394.84
			$9,937.86	$0.00	$9,937.86
# of Claims	7				
# Open	0	Recovery Amount:	-4,892.45		
	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				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

848 - VA Indigent Defense Commission

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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848 - VA Indigent Defense Commission

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**		
	07/01/2015 - 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**		

848 - VA Indigent Defense Commission

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.....	.....		$269.97	$0.00	$269.97
			$269.97	$0.00	$269.97
# of Claims	2				
# Open	0	Recovery Amount:	0.00		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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848 - VA Indigent Defense Commission

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

848 - VA Indigent Defense 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.....	.....		$592.12	$0.00	$592.12
			$592.12	$0.00	$592.12
# 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.....	.....		$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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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848 - VA Indigent Defense Commission

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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848 - VA Indigent Defense Commission

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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			$206,141.45	$7,127.53	$213,268.98
Indemnity			$3,304,917.97	$11,404.27	$3,316,322.24
Medical			$6,184,580.65	$1,019,911.65	$7,204,492.30
			$9,695,640.07	$1,038,443.45	$10,734,083.52
# of Claims	2,647				
# Open	17	**Recovery Amount:**	-$14,357.64		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense			$688.09	$4,205.43	$4,893.52
Indemnity			$25,353.10	$9,029.48	$34,382.58
Medical			$34,258.71	$48,812.45	$83,071.16
			$60,299.90	$62,047.36	$122,347.26
# of Claims	81				
# Open	10	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense			$11,625.25	$2,843.06	$14,468.31
Indemnity			$53,583.20	$2,374.79	$55,957.99
Medical			$86,799.82	$10,347.64	$97,147.46
			$152,008.27	$15,565.49	$167,573.76
# of Claims	76				
# Open	1	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			$61,472.30	$0.00	$61,472.30
			$117,472.67	$0.00	$117,472.67
# 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				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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912 - Department of Veterans Services

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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.....	.....		$170,062.53	$0.00	$170,062.53
			$237,749.88	$0.00	$237,749.88
# 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	$20.70	$11,257.34
Indemnity.....	.....		$99,537.32	$0.00	$99,537.32
Medical.....	.....		$371,656.94	$171,995.08	$543,652.02
			$482,430.90	$172,015.78	$654,446.68
# of Claims	122				
# Open	1	Recovery Amount:	0.00		

912 - Department of Veterans Services

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	07/01/2015 - 06/30/2016				
Expense.....	.....		$42,757.11	$18.82	$42,775.93
Indemnity.....	.....		$887,294.61	$0.00	$887,294.61
Medical.....	.....		$506,813.56	$1,746.48	$508,560.04
			$1,436,865.28	$1,765.30	$1,438,630.58
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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912 - Department of Veterans Services

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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			**$213,172.07**	**$97,961.75**	**$311,133.82**
			$238,183.41	**$97,961.75**	**$336,145.16**
# of Claims	**142**				
# Open	**1**	**Recovery Amount:**	**-288.02**		
	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**	**$0.00**	**$84,253.83**
			$99,095.21	**$0.00**	**$99,095.21**
# of Claims	**117**				
# Open	**0**	**Recovery Amount:**	**-13,969.62**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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912 - Department of Veterans Services

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	07/01/2005 - 06/30/2006				
Expense			**$18,322.27**	**$0.00**	**$18,322.27**
Indemnity			**$171,120.87**	**$0.00**	**$171,120.87**
Medical			**$694,002.82**	**$450,293.44**	**$1,144,296.26**
			$883,445.96	**$450,293.44**	**$1,333,739.40**
# 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**	**$39.52**	**$13,634.98**
Indemnity			**$277,535.35**	**$0.00**	**$277,535.35**
Medical			**$862,679.12**	**$238,754.81**	**$1,101,433.93**
			$1,153,809.93	**$238,794.33**	**$1,392,604.26**
# 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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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.....	$575.98	$28.15	$604.13
Indemnity.....	$51,990.81	$0.00	$51,990.81
Medical.....	$208,618.64	$1,200.00	$209,818.64
	$261,185.43	$1,228.15	$262,413.58

# of Claims 104
 # Open 1 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$21.85	$28.15	$50.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$1,200.00	$1,200.00
			$21.85	$1,228.15	$1,250.00
# of Claims	1				
# Open	1	Recovery Amount:	0.00		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$8.00	$0.00	$8.00
Indemnity.....	.....		$2,219.29	$0.00	$2,219.29
Medical.....	.....		$48,882.78	$0.00	$48,882.78
			$51,110.07	$0.00	$51,110.07
# 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				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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942 - VA MUSEUM OF NATURAL HISTORY

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.....	.....		$380.45	$0.00	$380.45
			$380.45	$0.00	$380.45
# 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.....	.....		$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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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942 - VA MUSEUM OF NATURAL HISTORY

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			**$860.41**	**$0.00**	**$860.41**
			$860.41	**$0.00**	**$860.41**
# 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			**$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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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942 - VA MUSEUM OF NATURAL HISTORY

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			**$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**		
	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**		

942 - VA MUSEUM OF NATURAL HISTORY

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.....	.....		$594.28	$0.00	$594.28
			$594.28	$0.00	$594.28
# 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.....	.....		$1,568.38	$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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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942 - VA MUSEUM OF NATURAL HISTORY

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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942 - VA MUSEUM OF NATURAL HISTORY

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			**$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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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942 - VA MUSEUM OF NATURAL HISTORY

Policy	Policy Period	Paid to Date	Outstanding	Incurred

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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 14
 # Open 0 **Recovery Amount:** $0.00

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# of Claims	1				
# Open	0	Recovery Amount:	0.00		
	07/01/2024 - 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				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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**		
	07/01/2021 - 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**				
# 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**		

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		

960 - FIRE PROGRAMS, DEPT. OF

Grand Totals for 960 - FIRE PROGRAMS, DEPT. OF			Paid to Date	Outstanding	Incurred
Expense			$11,384.45	$18,921.81	$30,306.26
Indemnity			$264,655.27	$17,823.68	$282,478.95
Medical			$1,177,287.08	$553,786.65	$1,731,073.73
			$1,453,326.80	$590,532.14	$2,043,858.94
# of Claims	118				
# Open	6	**Recovery Amount:**	-$48,535.75		

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense			$37.64	$100.00	$137.64
Indemnity			$4,807.32	$17,823.68	$22,631.00
Medical			$3,024.96	$87,000.00	$90,024.96
			$7,869.92	$104,923.68	$112,793.60
# of Claims	2				
# Open	1	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense			$42.89	$0.00	$42.89
Indemnity			$0.00	$0.00	$0.00
Medical			$10,394.86	$0.00	$10,394.86
			$10,437.75	$0.00	$10,437.75
# 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				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

960 - FIRE PROGRAMS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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				
# 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.....	.....		$20,516.28	$77,610.09	$98,126.37
			$31,061.49	$96,411.20	$127,472.69
# of Claims	2				
# Open	1	Recovery Amount:	-14,451.65		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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960 - FIRE PROGRAMS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2016 - 06/30/2017				
Expense			**$202.00**	**$20.70**	**$222.70**
Indemnity			**$19,119.64**	**$0.00**	**$19,119.64**
Medical			**$91,591.34**	**$59,504.47**	**$151,095.81**
			$110,912.98	**$59,525.17**	**$170,438.15**
# of Claims	**2**				
# Open	**1**	**Recovery Amount:**	**0.00**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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960 - FIRE PROGRAMS, 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			**$4,538.18**	**$0.00**	**$4,538.18**
			$4,538.18	**$0.00**	**$4,538.18**
# of Claims	**3**				
# Open	**0**	**Recovery Amount:**	**0.00**		
	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			**$657,608.72**	**$220,466.93**	**$878,075.65**
			$806,142.74	**$220,466.93**	**$1,026,609.67**
# 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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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960 - FIRE PROGRAMS, DEPT. OF

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		
	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			**$18.82**	**$0.00**	**$18.82**
Indemnity			**$16,869.77**	**$0.00**	**$16,869.77**
Medical			**$31,661.70**	**$92,035.26**	**$123,696.96**
			$48,550.29	**$92,035.26**	**$140,585.55**
# of Claims	**2**				
# Open	**1**	**Recovery Amount:**	**0.00**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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960 - FIRE PROGRAMS, DEPT. OF

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			**$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**		
	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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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960 - FIRE PROGRAMS, 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			**$193.01**	**$0.00**	**$193.01**
			$193.01	**$0.00**	**$193.01**
# 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			**$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**		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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960 - FIRE PROGRAMS, DEPT. 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			**$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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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961 - Capitol Police

Grand Totals for 961 - Capitol Police	Paid to Date	Outstanding	Incurred
Expense.....	$12,137.69	$370.70	$12,508.39
Indemnity.....	$552,142.61	$32,375.69	$584,518.30
Medical.....	$938,521.39	$173,941.11	$1,112,462.50
	$1,502,801.69	$206,687.50	$1,709,489.19

# of Claims 277

 # Open 7 **Recovery Amount:** -$9,641.68

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$140.65	$350.00	$490.65
Indemnity.....	.....		$6,897.48	$27,102.52	$34,000.00
Medical.....	.....		$12,334.83	$102,369.57	$114,704.40
			$19,372.96	$129,822.09	$149,195.05
# of Claims	19				
# Open	6	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$0.00	$0.00	$0.00
Indemnity.....	.....		$0.00	$0.00	$0.00
Medical.....	.....		$762.38	$0.00	$762.38
			$762.38	$0.00	$762.38
# of Claims	4				
# 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.....	.....		$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				

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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961 - Capitol Police

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# 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**				
# 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**		

961 - Capitol Police

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	07/01/2015 - 06/30/2016				
Expense.....	.....		$7,148.57	$20.70	$7,169.27
Indemnity.....	.....		$259,222.41	$5,273.17	$264,495.58
Medical.....	.....		$205,762.50	$71,571.54	$277,334.04
			$472,133.48	$76,865.41	$548,998.89
# 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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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961 - Capitol Police

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			**$369.24**	**$0.00**	**$369.24**
			$369.24	**$0.00**	**$369.24**
# of Claims	**5**				
# 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			**$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**		

961 - Capitol Police

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.....	.....		$1,393.92	$0.00	$1,393.92
			$1,393.92	$0.00	$1,393.92
# of Claims	3				
# Open	0	Recovery Amount:	0.00		
	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		

961 - Capitol Police

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.....	.....		$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		
	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		

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

961 - Capitol Police

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.....	.....		$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
# 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.....	.....		$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		

961 - Capitol Police

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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961 - Capitol Police

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			**$770.23**	**$0.00**	**$770.23**
			$770.23	**$0.00**	**$770.23**
# of Claims	**5**				
# Open	**0**	**Recovery Amount:**	**-263.96**		

962 - EMPLOYMENT DISPUTE RESOL., DEPT OF

Grand Totals for 962 - EMPLOYMENT DISPUTE RESOL., DEPT OF	Paid to Date	Outstanding	Incurred
Expense.....	$27,032.06	$20.70	$27,052.76
Indemnity.....	$409,870.81	$0.00	$409,870.81
Medical.....	$172,637.41	$29,036.92	$201,674.33
	$609,540.28	$29,057.62	$638,597.90

# 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	$20.70	$27,052.76
Indemnity.....	.....		$409,412.54	$0.00	$409,412.54
Medical.....	.....		$171,335.01	$29,036.92	$200,371.93
			$607,779.61	$29,057.62	$636,837.23
# of Claims	1				

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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990 - ODU Consigned Claims

Grand Totals for 990 - ODU Consigned Claims	Paid to Date	Outstanding	Incurred
Expense.....	**$20.70**	**$0.00**	**$20.70**
Indemnity.....	**$0.00**	**$0.00**	**$0.00**
Medical.....	**$0.00**	**$0.00**	**$0.00**
	$20.70	**$0.00**	**$20.70**

# of Claims **1**

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

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2023 - 06/30/2024				
Expense.....	.....		**$20.70**	**$0.00**	**$20.70**
Indemnity.....	.....		**$0.00**	**$0.00**	**$0.00**
Medical.....	.....		**$0.00**	**$0.00**	**$0.00**
			$20.70	**$0.00**	**$20.70**
# of Claims	**1**				
# Open	**0**	**Recovery Amount:**	**0.00**		

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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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	$118.82	$1,345.00
Indemnity.....	$0.00	$5,000.00	$5,000.00
Medical.....	$140,825.48	$8,000.00	$148,825.48
	$142,051.66	$13,118.82	$155,170.48

# of Claims 88
 # Open 1 **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	$118.82	$149.92
Indemnity.....	.....		$0.00	$5,000.00	$5,000.00
Medical.....	.....		$2,507.24	$8,000.00	$10,507.24
			$2,538.34	$13,118.82	$15,657.16
# of Claims	5				
# Open	1	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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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**		

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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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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: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

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.....	$840,030.65	$78,087.43	$918,118.08
Indemnity.....	$15,280,819.99	$384,208.23	$15,665,028.22
Medical.....	$18,895,841.18	$9,549,973.91	$28,445,815.09
	$35,016,691.82	$10,012,269.57	$45,028,961.39

# of Claims 4,966
 # Open 56 **Recovery Amount:** -$511,064.13

Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2025 - 06/30/2026				
Expense.....	.....		$3,122.81	$9,810.07	$12,932.88
Indemnity.....	.....		$32,373.67	$86,528.57	$118,902.24
Medical.....	.....		$80,491.33	$194,448.77	$274,940.10
			$115,987.81	$290,787.41	$406,775.22
# of Claims	173				
# Open	22	Recovery Amount:	0.00		
	07/01/2024 - 06/30/2025				
Expense.....	.....		$10,690.15	$5,513.60	$16,203.75
Indemnity.....	.....		$64,400.80	$27,362.00	$91,762.80
Medical.....	.....		$110,700.49	$94,507.39	$205,207.88
			$185,791.44	$127,382.99	$313,174.43
# of Claims	114				
# Open	3	Recovery Amount:	-3,328.52		
	07/01/2023 - 06/30/2024				
Expense.....	.....		$7,820.55	$6,106.92	$13,927.47
Indemnity.....	.....		$240,204.30	$57,948.61	$298,152.91
Medical.....	.....		$315,364.78	$114,417.00	$429,781.78
			$563,389.63	$178,472.53	$741,862.16
# of Claims	96				
# Open	3	Recovery Amount:	-5,933.11		
	07/01/2022 - 06/30/2023				
Expense.....	.....		$36,526.01	$1,161.80	$37,687.81
Indemnity.....	.....		$299,601.62	$50,567.67	$350,169.29
Medical.....	.....		$777,290.18	$197,499.17	$974,789.35
			$1,113,417.81	$249,228.64	$1,362,646.45
# of Claims	124				

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

999 - VA Alcoholic Beverage Control Auth

Policy	Policy Period		Paid to Date	Outstanding	Incurred
# Open	4	Recovery Amount:	-3,192.85		
	07/01/2021 - 06/30/2022				
Expense.....	.....		$22,988.33	$0.00	$22,988.33
Indemnity.....	.....		$107,795.69	$0.00	$107,795.69
Medical.....	.....		$125,841.73	$0.00	$125,841.73
			$256,625.75	$0.00	$256,625.75
# of Claims	116				
# Open	1	Recovery Amount:	-5,348.51		
	07/01/2020 - 06/30/2021				
Expense.....	.....		$8,992.28	$1,896.00	$10,888.28
Indemnity.....	.....		$209,291.33	$74,905.04	$284,196.37
Medical.....	.....		$371,705.99	$220,602.20	$592,308.19
			$589,989.60	$297,403.24	$887,392.84
# of Claims	123				
# Open	1	Recovery Amount:	-19,930.00		
	07/01/2019 - 06/30/2020				
Expense.....	.....		$13,596.05	$20.70	$13,616.75
Indemnity.....	.....		$146,223.00	$0.00	$146,223.00
Medical.....	.....		$144,016.53	$178,332.96	$322,349.49
			$303,835.58	$178,353.66	$482,189.24
# of Claims	102				
# Open	2	Recovery Amount:	-19,895.78		
	07/01/2018 - 06/30/2019				
Expense.....	.....		$11,593.18	$7,614.40	$19,207.58
Indemnity.....	.....		$239,960.53	$57,969.81	$297,930.34
Medical.....	.....		$234,154.93	$119,893.40	$354,048.33
			$485,708.64	$185,477.61	$671,186.25
# of Claims	89				
# Open	1	Recovery Amount:	-26,822.95		
	07/01/2017 - 06/30/2018				
Expense.....	.....		$27,947.45	$2,405.34	$30,352.79
Indemnity.....	.....		$316,646.15	$28,262.89	$344,909.04
Medical.....	.....		$353,668.25	$45,440.09	$399,108.34
			$698,261.85	$76,108.32	$774,370.17
# of Claims	106				
# Open	2	Recovery Amount:	-5,268.45		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2016 - 06/30/2017				
Expense.....	.....		$11,239.73	$41.40	$11,281.13
Indemnity.....	.....		$510,974.47	$663.64	$511,638.11
Medical.....	.....		$327,749.60	$3,400.40	$331,150.00
			$849,963.80	$4,105.44	$854,069.24
# of Claims	101				
# Open	2	Recovery Amount:	-17,420.57		
	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	$0.00	$233,744.48
Medical.....	.....		$1,045,933.45	$2,438,100.77	$3,484,034.22
			$1,297,522.90	$2,438,100.77	$3,735,623.67
# 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.....	.....		$52,464.70	$19,712.31	$72,177.01
Indemnity.....	.....		$494,255.42	$0.00	$494,255.42
Medical.....	.....		$803,586.10	$190,646.36	$994,232.46
			$1,350,306.22	$210,358.67	$1,560,664.89
# of Claims	113				
# Open	2	Recovery Amount:	-3,585.19		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/2011 - 06/30/2012				
Expense.....	.....		$10,662.49	$20.70	$10,683.19
Indemnity.....	.....		$217,886.07	$0.00	$217,886.07
Medical.....	.....		$977,248.80	$1,881,902.82	$2,859,151.62
			$1,205,797.36	$1,881,923.52	$3,087,720.88
# of Claims	99				
# Open	1	Recovery Amount:	0.00		
	07/01/2010 - 06/30/2011				
Expense.....	.....		$36,743.49	$0.00	$36,743.49
Indemnity.....	.....		$447,824.21	$0.00	$447,824.21
Medical.....	.....		$365,577.23	$0.00	$365,577.23
			$850,144.93	$0.00	$850,144.93
# of Claims	89				
# Open	0	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.....	.....		$26,735.11	$17,223.26	$43,958.37
Indemnity.....	.....		$299,332.05	$0.00	$299,332.05
Medical.....	.....		$891,966.72	$599,525.09	$1,491,491.81
			$1,218,033.88	$616,748.35	$1,834,782.23
# of Claims	97				
# Open	3	Recovery Amount:	-6,626.90		
	07/01/2007 - 06/30/2008				
Expense.....	.....		$28,149.35	$20.70	$28,170.05
Indemnity.....	.....		$351,164.43	$0.00	$351,164.43
Medical.....	.....		$479,514.93	$13,723.10	$493,238.03
			$858,828.71	$13,743.80	$872,572.51
# of Claims	114				
# Open	1	Recovery Amount:	-266.60		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	07/01/2005 - 06/30/2006				
Expense.....	.....		$58,015.30	$20.70	$58,036.00
Indemnity.....	.....		$1,113,881.99	$0.00	$1,113,881.99
Medical.....	.....		$2,025,268.59	$2,689,967.26	$4,715,235.85
			$3,197,165.88	$2,689,987.96	$5,887,153.84
# of Claims	137				
# Open	1	Recovery Amount:	-15,117.62		
	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.....	.....		$1,580,844.27	$192,616.57	$1,773,460.84
			$2,916,673.06	$192,616.57	$3,109,289.63
# 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	$20.70	$19,957.40
Indemnity.....	.....		$548,540.89	$0.00	$548,540.89
Medical.....	.....		$1,013,330.47	$91,949.04	$1,105,279.51
			$1,581,808.06	$91,969.74	$1,673,777.80
# of Claims	154				
# Open	1	Recovery Amount:	-27,462.71		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	07/01/2000 - 06/30/2001				
Expense.....	.....		$23,862.97	$6,436.52	$30,299.49
Indemnity.....	.....		$699,304.92	$0.00	$699,304.92
Medical.....	.....		$412,264.64	$36,256.90	$448,521.54
			$1,135,432.53	$42,693.42	$1,178,125.95
# 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		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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		
	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.....	.....		$572,659.75	$77,172.72	$649,832.47
			$1,435,356.94	$77,193.63	$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		

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	07/01/1991 - 06/30/1992				
Expense.....	.....		$12,148.17	$41.40	$12,189.57
Indemnity.....	.....		$585,139.35	$0.00	$585,139.35
Medical.....	.....		$1,195,559.66	$169,571.90	$1,365,131.56
			$1,792,847.18	$169,613.30	$1,962,460.48
# of Claims	135				
# Open	2	Recovery Amount:	0.00		
	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		

Policy Cost Summary

As Of: 06/30/2026

Injury Period: 01/01/1900 - 06/30/2026
Payments, Recoveries, Reserves as of:06/30/2026

Claim Type: All Types

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Policy	Policy Period		Paid to Date	Outstanding	Incurred
	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**		