Loss Report prepared for Acts Home Health Care, Inc.; Able Life Care

Services, Inc. 03/13/2016 - 03/13/2017 **Policy Effective**

Certain Underwriters at Lloyds - Certain

Underwriters at Lloyds BMS Group

Line of Business: Allied Healthcare - Primary Losses Valued as of 10/31/2018

AHC-0000159-01

PIONEER UNDERWRITERS

*****Please note that all loss amounts are shown excess of appropriate retention amounts****

^{****}All amounts are reflected in USD or USD equivalents****

	Date	Expense	Indemnity	Expense	Indemnity		
Control No Claim No Claimant Name	Date of Loss Reported	Status Description of Claim	Reserve	Reserve	Paid	Paid	Total Incurred

Carrier:

Policy Num

No Losses reported

Loss Report prepared for Acts Home Health Care, Inc.; Able Life Care

****All amounts are reflected in USD or USD equivalents****

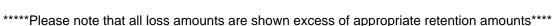
Services, Inc. 03/13/2017 - 03/13/2018 **Policy Effective**

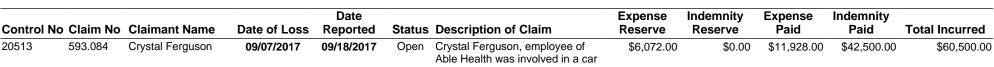
Losses Valued as of 10/31/2018 **Line of Business:** Allied Healthcare - Primary

> **Policy Num** AHC-0000159-02

Certain Underwriters at Lloyds - Certain

Underwriters at Lloyds BMS Group





Carrier:

accident while transporting a client of Able Life. On March 8, 2018, Counsel for driver #2, Vanessa Anderson brought a demand to Able Health as the employer of Crystal Ferguson, seeking \$75,000 for pain and suffering, or litigation will follow. On April 13, 2018, counsel for driver #1, Romy Schofield Samuel, alleges approximately \$14,000 in medical damages and seeks "applicable policy limits."

PIONEER

UNDERWRITERS

Loss Report prepared for Acts Home Health Care, Inc.; Able Life Care

10/31/2018

Services, Inc. 03/13/2018 - 03/13/2019 **Policy Effective**

Losses Valued as of

Line of Business: Allied Healthcare - Primary

Policy Num

Carrier:

Certain Underwriters at Lloyds - Certain

Underwriters at Lloyds BMS Group

AHC-0000159-03



*****Please note that all loss amounts are shown excess of appropriate retention amounts****

^{****}All amounts are reflected in USD or USD equivalents****

Control No Claim No Claimant Name	Date of Loss	Date Reported	Status Description of Claim	Expense Reserve	Indemnity Reserve	Expense Paid	Indemnity Paid	Total Incurred
No Losses reported								_
				\$6,072.00	\$0.00	\$11,928.00	\$42,500.00	\$60,500.00