



GREENHILL

INSURANCE SERVICES

Insured Name: **Ray Properties Kit Carson, Inc dba Kit Carson Nursing & Rehabilitation Center**

Report Date: **May 08, 2019**

| Report Date | Loss Date | Involved Insured | Claimant | Category | Loss Type | Status | Indemnity Reserve | Indemnity Paid | Expense Reserve | Expense Paid | Total Incurred |
|----------------|--------------|---------------------|----------|----------|--------------|--------|----------------------|-------------------|--------------------|-----------------|-------------------|
|----------------|--------------|---------------------|----------|----------|--------------|--------|----------------------|-------------------|--------------------|-----------------|-------------------|

Policy Number: **GHL-01001-170413**
Effective Dates: **04/13/2017 - 04/13/2018**
Description:

**THERE HAVE BEEN NO CLAIMS FOR THE ABOVE POLICY
PERIOD.**