

**Loss Report prepared for** Acts Home Health Care, Inc.; Able Life Care  
**Policy Effective** Services, Inc.  
03/13/2016 - 03/13/2017  
**Losses Valued as of** 10/31/2018

**Carrier:** Certain Underwriters at Lloyds - Certain  
Underwriters at Lloyds BMS Group  
**Line of Business:** Allied Healthcare - Primary  
**Policy Num** AHC-0000159-01



\*\*\*\*\*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											

**Loss Report prepared for** Acts Home Health Care, Inc.; Able Life Care Services, Inc.  
**Policy Effective** 03/13/2017 - 03/13/2018  
**Losses Valued as of** 10/31/2018

**Carrier:** Certain Underwriters at Lloyds - Certain Underwriters at Lloyds BMS Group  
**Line of Business:** Allied Healthcare - Primary  
**Policy Num** AHC-0000159-02



\*\*\*\*\*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
20513	593.084	Crystal Ferguson	09/07/2017	09/18/2017	Open	Crystal Ferguson, employee of Able Health was involved in a car 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."	\$6,072.00	\$0.00	\$11,928.00	\$42,500.00	\$60,500.00

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**Policy Effective** Services, Inc.  
03/13/2018 - 03/13/2019  
**Losses Valued as of** 10/31/2018

**Carrier:** Certain Underwriters at Lloyds - Certain  
Underwriters at Lloyds BMS Group  
**Line of Business:** Allied Healthcare - Primary  
**Policy Num** 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