

Loss Run Report

Page 1 of 2

Policy Number	P1234	Policy Term	6/1/2024 - 6/1/2025
Insured Name	ABCAING HOME C		
Division	WER	PAC	LTC - Long Term Care
Master/Subsidiary Producer	AAA UNDERWRITING PARTNERS	MCC	0081170 - Wholesale Medical

BCO	Y18	Adjuster				SSS									
Claim	123	Supervisor				JJJ GGG									
		Plant / Div Location Cd													
Sub Ltr	Occurrence ID	Proc AIM	Event Date	Made Date	Report Date	Close Date	Reopen Date	State	Desc	Claimant	Sts	Gross Paid Loss	Gross Paid Expense	Gross Outstanding	Gross Incurred Loss
A	2024	639	8/6/18	8/6/18	8/6/18			Yt	Some loss description about this loss.	SYDIA	O	\$0	\$5,010	\$10,000	\$15,010

BCO	Y18	Adjuster				Gpt									
Claim	264235	Supervisor				Gemini									
		Plant / Div Location Cd													
Sub Ltr	Occurrence ID	Proc AIM	Event Date	Made Date	Report Date	Close Date	Reopen Date	State	Desc	Claimant	Sts	Gross Paid Loss	Gross Paid Expense	Gross Outstanding	Gross Incurred Loss
A	2025		3/29/18	11/15/18	11/15/18	5/1/19		TY	Some loss description about this loss and	DGHYU	C	\$0	\$0	\$0	\$0

BCO	Y19	Adjuster				Bert									
Claim	204101	Supervisor				4o mini									
		Plant / Div Location Cd													
Sub Ltr	Occurrence ID	Proc AIM	Event Date	Made Date	Report Date	Close Date	Reopen Date	State	Desc	Claimant	Sts	Gross Paid Loss	Gross Paid Expense	Gross Outstanding	Gross Incurred Loss
A	20236	639	1/23/19	1/23/19	1/23/19			TN	I dont know about this loss.	ENTON	O	\$0	\$77	\$20,000	\$20,077

Loss Run Report

Page 2 of 2

Policy Number	P1234	Policy Term	12/12/2040 - 12/12/2050
Insured Name	ABCAING HOMECEC		
Division	W - HU Specialty	PAC	LTC - Long Term Care
Master/Subsidiary Producer	HELlo Wordl	MCC	00000 - Wholesale Medical

BCO	Y19	Adjuster				David									
Claim	JU675	Supervisor				Warner									
		Plant / Div Location Cd													
Sub Ltr	Occurrence ID	Proc AIM	Event Date	Made Date	Report Date	Close Date	Reopen Date	State	Desc	Claimant	Sts	Gross Paid Loss	Gross Paid Expense	Gross Outstanding	Gross Incurred Loss
A	6785gd	639	7/23/18	5/6/19	5/6/19			NY	NEGLIGENT CARE	FREINA	O	\$0	\$1,580	\$25,000	\$26,580
Subtotal												\$0	\$67,267	\$175,000	\$242,267
Grand Total												\$0	\$67,267	\$175,000	\$242,267