

Account Experience Report

Wilkinson Corporation et al and Good Neighbor Care Centers,
LLC et al

Account Number: 4622

Policy Number: MPX-0252-04 Policy Period: 5/1/2004 to 5/1/2005

No Claims Exist

Report Date: 3/2/2016
Data as of: 3/1/2016

PerClaimLimit	AggLimit
\$2,000,000.00	\$2,000,000.00

Account Experience Report In Selection of LTC Other

Primary Retn/Ded Displayed: Yes; Excess Retn/Ded Displayed: No

Account Experience Report

Wilkinson Corporation et al and Good Neighbor Care Centers,
LLC et al

Account Number: 4622

Policy Number: MPX-0496-05 Policy Period: 5/1/2005 to 5/1/2006

No Claims Exist

Report Date: 3/2/2016
Data as of: 3/1/2016

PerClaimLimit	AgglLimit
\$2,000,000.00	\$2,000,000.00

Account Experience Report

Wilkinson Corporation et al and Good Neighbor Care Centers,
LLC et al

Report Date: 3/2/2016
Data as of: 3/1/2016

Account Number: 4622

Policy Number: LTC-0497-10 Policy Period: 8/7/2010 to 8/7/2011

Coverage Type: Other

Claim #: 0AA794533

Claimant: various

Description/Location: INCIDENT FILE only for 08/07/2010-0/07/2011. Total 1 as of 01/11/2011.

PerClaimDed	AggDed	PerClaimLimit	AggLimit
N/A	N/A	\$1,000,000.00	\$3,000,000.00

Claim Type	Closed Date	Status	Date of Loss	Date of Claim	Date Reported
Incident	12/22/2011	Closed	8/7/2010		1/11/2011

	DED		OBPI			
	Indemnity Reserve	Expense Reserve	Indemnity Reserve	Expense Reserve	Indemnity Paid	Expense Paid
Insured						
WILKINSON GROUP ET AL/GOOD NEI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total OBPI :	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL FOR CLAIM 0AA794533:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total for all Claims Coverage: Other						
LTC-0497-10, 8/7/2010 to 8/7/2011	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Claims Do not Relate To:

*Coverage Limit of Willing
Insurance AT Mountain Creek
Woodland Insurance AT The Oaks*

Account Experience Report

Wilkinson Corporation et al and Good Neighbor Care Centers,
LLC et al

Account Number: 4622

Policy Number: MPX-2494-10 Policy Period: 8/7/2010 to 8/7/2011

No Claims Exist

Report Date: 3/2/2016
Data as of: 3/1/2016

PerClaimLimit	AggLimit
\$5,000,000.00	\$5,000,000.00

Account Experience Report In Selection of LTC Other

Primary Retn/Ded Displayed: Yes; Excess Retn/Ded Displayed: No

Account Experience Report

Wilkinson Corporation et al and Good Neighbor Care Centers,
LLC et al

Account Number: 4622

Report Date: 3/2/2016
Data as of: 3/1/2016

Policy Number: LTC-0497-10 Policy Period: 8/7/2010 to 8/7/2011

Coverage Type: Professional Liability

Claim #: 0AA793240

Claimant: [REDACTED]

Description/Location: [REDACTED]

PerClaimDed	AggDed	PerClaimLimit	Agglimit
N/A	N/A	\$1,000,000.00	\$3,000,000.00

Claim Type	Closed Date	Status	Date of Loss	Date of Claim	Date Reported
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Insured	OBPI	DED
WILKINSON GROUP ET AL/GOOD NEI	Indemnity Reserve	Indemnity Reserve
Total OBPI :	\$0.00	\$0.00
TOTAL FOR CLAIM 0AA793240:	\$0.00	\$0.00

Total for all Claims Coverage: Professional Liability	Indemnity Reserve	Expense Reserve	Indemnity Paid	Expense Paid	Total Incurred
LTC-0497-10, 8/7/2010 to 8/7/2011	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total for LTC-0497-10:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

*Only 1 claim this policy period
And does not relate to:
Assurance Court of Illinois
Terrence AT Brown Thru Creek
Woodlawn Terrence AT The City*

Account Experience Report

Wilkinson Corporation et al and Good Neighbor Care Centers,
LLC et al
Account Number: 4622

Report Date: 3/2/2016
Data as of: 3/1/2016

Policy Number: MPX-2861-11 Policy Period: 8/7/2011 to 8/7/2012

No Claims Exist

PerClaimLimit	AgglLimit
\$5,000,000.00	\$5,000,000.00

Account Experience Report In Selection of LTC Other

Primary Retn/Ded Displayed: Yes; Excess Retn/Ded Displayed: No

Account Experience Report

Wilkinson Corporation et al and Good Neighbor Care Centers, LLC et al

Account Number: 4622

Report Date: 3/2/2016
Data as of: 3/1/2016

Policy Number: LTC-1166-12 Policy Period: 8/7/2012 to 8/7/2013

Coverage Type: Other

Claim #: 0AA975999

Claimant: VARIOUS

Description/Location: Incidents only, Policy eff 8/7/2012 to 8/7/2013. 6 incidents as of 3/4/13.

PerClaimDed	AggDed	PerClaimLimit	AggLimit
N/A	N/A	\$1,000,000.00	\$3,000,000.00

Claim Type	Closed Date	Status	Date of Loss	Date of Claim	Date Reported
Incident	10/25/2012	Closed	8/7/2012		9/26/2012

Total for all Claims Coverage: Other	Indemnity Reserve	Expense Reserve	Indemnity Paid	Expense Paid	Total Incurred
LTC-1166-12, 8/7/2012 to 8/7/2013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

2 of 6 Claims Available to Terence AT Wilkinson Center
There were no claims for;

COVERAGES LOW ON MILLWARD
WILSON CLAIM TERENCE AT THE CTR

Account Experience Report

Wilkinson Corporation et al and Good Neighbor Care Centers,
LLC et al

Report Date: 3/2/2016
Data as of: 3/1/2016

Account Number: 4622

Claim #: 0AA987584
Claimant: Johnson, Anna

Claim Type	Closed Date	Status	Date of Loss	Date of Claim	Date Reported
Claim	12/9/2013	Closed	8/26/2012		11/8/2012

Description/Location: Unknown age female Alzheimer's Resident allegedly fell on 5/28/12 and a staff member took a photo and sent it with a text to another employee with a degrading comment. The staff member was immediately fired and the insured self reported to the family.

Insured

The Terrace at Mountain Creek

Total OBPI :

TOTAL FOR CLAIM 0AA987584:

Claim #: 0AA968346

Claimant: Bither, Eileen

Description/Location: A bathroom sink fell onto resident's foot, leading to injury and need for Podiatric care.

DED		OBPI	
Indemnity Reserve	Expense Reserve	Indemnity Paid	Expense Paid
\$0.00	\$0.00	\$0.00	\$0.00
Total Incurred		Total Incurred	
\$0.00		\$0.00	

Claim Type	Closed Date	Status	Date of Loss	Date of Claim	Date Reported
Claim	8/2/2013	Closed	8/1/2012		9/24/2012

DED

Indemnity Reserve	Expense Reserve	Indemnity Paid	Expense Paid	Total Incurred
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Insured

The Terrace at Mountain Creek

Total OBPI :

TOTAL FOR CLAIM 0AA968346:

OBPI

Indemnity Reserve	Expense Reserve	Indemnity Paid	Expense Paid	Total Incurred
\$0.00	\$0.00	\$111.44	\$0.00	\$111.44

\$0.00	\$0.00	\$111.44	\$0.00	\$111.44
\$0.00	\$0.00	\$111.44	\$0.00	\$111.44

Account Experience Report

Wilkinson Corporation et al and Good Neighbor Care Centers,
LLC et al
Account Number: 4622

Report Date: 3/2/2016
Data as of: 3/1/2016

Policy Number: MPX-3217-12 Policy Period: 8/7/2012 to 8/7/2013

No Claims Exist

PerClaimLimit	AggLimit
\$5,000,000.00	\$5,000,000.00

Account Experience Report In Selection of LTC Other

Primary Retn/Ded Displayed: Yes; Excess Retn/Ded Displayed: No

Account Experience Report

Wilkinson Corporation et al and Good Neighbor Care Centers,
LLC et al

Account Number: 4622

Report Date: 3/2/2016
Data as of: 3/1/2016

Policy Number: LTC-1434-13 Policy Period: 8/7/2013 to 8/7/2014

Coverage Type: Other

Claim #: 0AB064752

Claimant: VARIOUS

Description/Location: INCIDENTS ONLY for policy period 8/7/13 - 8/7/14. 7 incidents reported as of 9/2014.

PerClaimDed	AggDed	PerClaimLimit	AggLimit
\$5,000.00	N/A	\$1,000,000.00	\$3,000,000.00

Claim Type	Closed Date	Status	Date of Loss	Date of Claim	Date Reported
Incident	11/8/2013	Closed	8/7/2013		9/24/2013

Total for all Claims Coverage: Other	Indemnity Reserve	Expense Reserve	Indemnity Paid	Expense Paid	Total Incurred
LTC-1434-13, 8/7/2013 to 8/7/2014	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

3 of 7 Claims Related to Theodore A.I. Brown Trust Center
These were no Claims That Related To:

Cherokee County of Mississippi
Woodland Terrace at The Oaks

Account Experience Report

Wilkinson Corporation et al and Good Neighbor Care Centers,
LLC et al

Account Number: 4622

Report Date: 3/2/2016
Data as of: 3/1/2016

Policy Number: LTC-1434-13 Policy Period: 8/7/2013 to 8/7/2014

Coverage Type: Professional Liability

Claim #: 0AB093263

Claimant: Dunn, Dorothy

Description/Location: Plaintiff developed infection at Insured's facility requiring hospitalization.

PerClaimDed	AggDed	PerClaimLimit	AggLimit
\$5,000.00	N/A	\$1,000,000.00	\$3,000,000.00

Claim Type	Closed Date	Status	Date of Loss	Date of Claim	Date Reported
Claim	8/25/2015	Closed	5/25/2014		5/28/2014

Insured

Chattanooga ALF TRS, LLC, Dba The
Terrace at Mount

Total OBPI :

TOTAL FOR CLAIM 0AB093263:

Claim #: 0AB059668

Claimant: [REDACTED]

Description/Location: [REDACTED]

DED		OBPI	
Indemnity Reserve	Expense Reserve	Indemnity Paid	Expense Paid
\$0.00	\$0.00	\$0.00	\$5,156.00
			Total Incurred
			\$5,156.00

Indemnity Reserve	Expense Reserve	Indemnity Paid	Expense Paid	Total Incurred
\$0.00	\$0.00	\$0.00	\$10,156.00	\$10,156.00

Claim Type	Closed Date	Status	Date of Loss	Date of Claim	Date Reported
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

DED

Indemnity Reserve	Expense Reserve	Indemnity Paid	Expense Paid	Total Incurred
\$0.00	\$0.00	\$0.00	[REDACTED]	[REDACTED]

Insured

OBPI

[REDACTED]

Total OBPI :

TOTAL FOR CLAIM 0AB059668:

Indemnity Reserve	Expense Reserve	Indemnity Paid	Expense Paid	Total Incurred
\$0.00	\$0.00	\$0.00	[REDACTED]	[REDACTED]
\$0.00	\$0.00	\$0.00	[REDACTED]	[REDACTED]

Account Experience Report

Wilkinson Corporation et al and Good Neighbor Care Centers,
LLC et al

Report Date: 3/2/2016
Data as of: 3/1/2016

Account Number: 4622

Claim #: 0AB089505
Claimant: [REDACTED]

Description/Location: [REDACTED]

Claim Type: [REDACTED] Closed Date: [REDACTED] Status: [REDACTED] Date of Loss: [REDACTED] Date of Claim: [REDACTED] Date Reported: [REDACTED]

DED

Indemnity Reserve	Expense Reserve	Indemnity Paid	Expense Paid	Total Incurred
\$0.00	\$0.00	\$0.00	[REDACTED]	[REDACTED]

OBPI

Indemnity Reserve	Expense Reserve	Indemnity Paid	Expense Paid	Total Incurred
\$0.00	\$0.00	\$0.00	[REDACTED]	[REDACTED]

Total OBPI: [REDACTED]

TOTAL FOR CLAIM 0AB089505:

Claim #: 0AB080095

Claimant: Thompson, Ruth

Description/Location: Resident fell in parking lot, sustaining bilateral wrist fractures.

Claim Type: Closed Date: 10/20/2014 Status: Closed Date of Loss: 7/17/2013 Date of Claim: 8/14/2013 Date Reported: 8/14/2013

DED

Indemnity Reserve	Expense Reserve	Indemnity Paid	Expense Paid	Total Incurred
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

OBPI

Indemnity Reserve	Expense Reserve	Indemnity Paid	Expense Paid	Total Incurred
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Insured
The Terrace at Mountain Creek

Total OBPI:

TOTAL FOR CLAIM 0AB080095:

\$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Account Experience Report

Wilkinson Corporation et al and Good Neighbor Care Centers,
LLC et al

Account Number: 4622

Policy Number: MPX-3514-13 Policy Period: 8/7/2013 to 8/7/2014

No Claims Exist

Report Date: 3/2/2016
Data as of: 3/1/2016

PerClaimLimit	AggLimit
\$5,000,000.00	\$5,000,000.00

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