```
**************************************************
*                                                *
*  REPORT DATE  :  26-Jun-2025 13:47             *
*  PREPARED FOR :  ARCH WORKERS COMPENSATION CENTE *
*                  C/O ARCH INSURANCE CO         *
*                  330 BOSTON POST ROAD          *
*                  SUITE # 200                   *
*                  DARIEN, CT 06820              *
*                  (003425)                      *
*                                                *
**************************************************
```

THE JOB ID IS CX855044; USER ID - 519315 LINDA BURCH

R E P O R T P A R A M E T E R S

M PARAMETERS:

CLAIMS AS OF DATE	: 04Jun25
ANALYSIS PERIOD	
PRIMARY	: (AD) - ACCIDENT DATE 12Jul20 THRU 25Jun25
CLAIM STATUS	
PRIMARY	: INCLUDE OP CL
LEVEL	: INSURED
UNIT(S)	: INCLUDE ASBMOLD

CLAIM STATUS (CS)
O -- OPEN P -- PENDING VOID
C -- CLOSED * -- IN EXCESS
V -- VOID H -- HISTORICAL/CLOSED

NALYSIS PERIOD
PRIMARY ; (AD) - ACCIDENT DATE 12Jul20 THRU 25Jun25

REPORTING UNIT	CP	CLAIM NUMBER	CLAIMANT NAME * DRIVER NAME & ID *	CS	MCO	ACCIDENT DATE	REPORTED STATUS	RESERVE TYPE	NET PAYMENTS TO DATE	+	RESERVE	=	TOTAL EXPERIENCE

**** NO RECORDS WERE SELECTED ****

STATISTICAL SUMMARY

ANALYSIS RANGE	RECORDS READ	CLAIMS READ	CLAIMS SELECTED
12Jul20 THRU 25Jun25	0	0	0

ANALYSIS RANGE	CLAIM COUNT	TOTAL EXPERIENCE	AVERAGE VALUE	MAXIMUM/MINIMUM CLAIM SELECTED
12Jul20 THRU 25Jun25	0	.00	.00	