

LOSS RUN FOR CLIENT: C & W Homes, Inc. Tax ID: 640762854

POLICY NUMBER: WC102-5003492 Policy Term: 09/26/2002 - 09/26/2003
Company: PABAFNA Client ID: 13417
Policy Premium: 11891 Loss Ratio: .1265663107 Claim Count: 3

CLAIM NUMBER: 25-0000849-001 Claimant: PARKS*J C
Claim Stauts: C Date Reported: 11/04/2002 Close Date: 03/03/2003
Date of Loss: 10/30/2002 Loss Description: GLUE DROPPED FROM PIPE INTO LT. EYE.
Class Code: 8748 Class Description: AUTOMOBILE SALES PERSONS

Claim Totals	Paid	Outstanding	Incurred
Medical	87	0	87
Indemnity	0	0	0
Other	3	0	3
Total	90	0	90

CLAIM NUMBER: 26-0001173-001 Claimant: MILES*JOHN
Claim Stauts: C Date Reported: 08/11/2003 Close Date: 11/04/2003
Date of Loss: 07/26/2003 Loss Description: CUT THROAT-FELL WHILE WORKING ON AXLES.
Class Code: 8380 Class Description: AUTOMOBILE SERVICE OR REPAIR

Claim Totals	Paid	Outstanding	Incurred
Medical	1151	0	1151
Indemnity	0	0	0
Other	32	0	32
Total	1183	0	1183

CLAIM NUMBER: 26-0001270-001 Claimant: POUNDS*TROY
Claim Stauts: C Date Reported: 09/02/2003 Close Date: 01/22/2004
Date of Loss: 08/25/2003 Loss Description: MID BACK PAIN-LOADING SOFA FRAME.
Class Code: 8380 Class Description: AUTOMOBILE SERVICE OR REPAIR

Claim Totals	Paid	Outstanding	Incurred
Medical	225	0	225
Indemnity	0	0	0
Other	7	0	7
Total	232	0	232

Policy Totals	Paid	Outstanding	Incurred
Medical	1463	0	1463
Indemnity	0	0	0
Other	42	0	42
Total	1505	0	1505

END OF POLICY WC102-5003492

POLICY NUMBER: WC103-5003492 Policy Term: 09/26/2003 - 09/26/2004
Company: PABAFNA Client ID: 13417
Policy Premium: Loss Ratio: Claim Count:

Policy Totals	Paid	Outstanding	Incurred
Medical			
Indemnity			
Other			
Total			

END OF POLICY WC103-5003492

POLICY NUMBER: WC104-5003492 Policy Term: 09/26/2004 - 09/26/2005
Company: PABAFNA Client ID: 13417
Policy Premium: Loss Ratio: Claim Count:

Policy Totals	Paid	Outstanding	Incurred
Medical			

Indemnity

Other

Total

END OF POLICY WC104-5003492

POLICY NUMBER: WC105-5003492 Policy Term: 09/26/2005 - 09/26/2006
Company: PABAFNA Client ID: 13417
Policy Premium: 9677 Loss Ratio: .0339981399 Claim Count: 1

CLAIM NUMBER: 27-0003115-001 Claimant: PARKS*J C
Claim Stauts: C Date Reported: 02/16/2006 Close Date: 05/01/2006
Date of Loss: 02/15/2006 Loss Description: HOUSE ROLLED-INJURY TO HIPS, BACK, SHOULDERS
Class Code: 8380 Class Description: AUTOMOBILE SERVICE OR REPAIR

Claim Totals	Paid	Outstanding	Incurred
Medical	316	0	316
Indemnity	0	0	0
Other	14	0	14
Total	329	0	329

Policy Totals	Paid	Outstanding	Incurred
Medical	316	0	316
Indemnity	0	0	0
Other	14	0	14
Total	329	0	329

END OF POLICY WC105-5003492

POLICY NUMBER: WC106-5003492 Policy Term: 09/26/2006 - 09/26/2007
Company: PABAFNA Client ID: 13417
Policy Premium: 17577 Loss Ratio: 7.7940490414 Claim Count: 3

CLAIM NUMBER: 27-0003878-001 Claimant: PARKS*J.C.
Claim Stauts: C Date Reported: 01/16/2007 Close Date: 03/28/2007
Date of Loss: 01/15/2007 Loss Description: MIDDLE BACK-SLIPPED ON WET STEPS
Class Code: 8380 Class Description: AUTOMOBILE SERVICE OR REPAIR

Claim Totals	Paid	Outstanding	Incurred
Medical	204	0	204
Indemnity	0	0	0
Other	11	0	11
Total	215	0	215

CLAIM NUMBER: 27-0004219-001 Claimant: PRICE*GEORGE
Claim Stauts: C Date Reported: 07/19/2007 Close Date: 10/23/2007
Date of Loss: 07/19/2007 Loss Description: SETTING UP MOBILE HOME HIT HEAD LACERATION
Class Code: 9102 Class Description: PARK NOC- EMP AND DRIVERS

Claim Totals	Paid	Outstanding	Incurred
Medical	475	0	475
Indemnity	0	0	0
Other	6	0	6
Total	481	0	481

CLAIM NUMBER: 27-0004360-001 Claimant: PARKER*LARRY
Claim Stauts: O Date Reported: 10/04/2007 Close Date: //
Date of Loss: 06/13/2007 Loss Description: CARRYING CEMENT BLOCKS ARM POPPED -STRAIN SHOULDER
Class Code: 8380 Class Description: AUTOMOBILE SERVICE OR REPAIR

Claim Totals	Paid	Outstanding	Incurred
Medical	8272	39228	47500
Indemnity	15507	58493	74000
Other	3818	10982	14800
Total	27597	108703	136300

Policy Totals	Paid	Outstanding	Incurred
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Medical	8951	39228	48179
Indemnity	15507	58493	74000
Other	3835	10982	14817
Total	28293	108703	136996

END OF POLICY WC106-5003492

POLICY NUMBER: WC107-5003492 Policy Term: 09/26/2007 - 09/26/2008
 Company: PABAFNA Client ID: 13417
 Policy Premium: 8666 Loss Ratio: .0617355181 Claim Count: 1

CLAIM NUMBER: 27-0004729-001 Claimant: PARKS*JAY
 Claim Status: O Date Reported: 07/01/2008 Close Date: //
 Date of Loss: 06/28/2008 Loss Description: WORKING WITH AUGER STRAIN LOWER BACK
 Class Code: 8380 Class Description: AUTOMOBILE SERVICE OR REPAIR

Claim Totals	Paid	Outstanding	Incurred
Medical	0	500	500
Indemnity	0	0	0
Other	0	35	35
Total	0	535	535

Policy Totals	Paid	Outstanding	Incurred
Medical	0	500	500
Indemnity	0	0	0
Other	0	35	35
Total	0	535	535

END OF POLICY WC107-5003492