



State of Delaware

Insurance Coverage Office | 500 West Lookerman Street | 3rd Floor, Suite 300 | Dover, DE 19904

Debra Lawhead
Insurance Coverage Office Administrator

Office: (302)739-3651
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NOTICE OF PROPOSAL **RFP # OMBICO-10-001-WCTPA-001** **PROVIDING THIRD PARTY ADMINISTRATION FOR** **WORKERS' COMPENSATION CLAIMS**

The *State of Delaware* is soliciting proposals for Third Party Administration for Workers' Compensation Claims pursuant to 29 Del C. §6981 et seq.

Sealed proposals will be received by the Insurance Coverage Office, 500 W. Lookerman Street, Suite #300 Dover, DE 19904 until 11:00 a.m. April 15, 2011, for providing claims adjustment services for the State of Delaware's Self-Insured Worker's Compensation Program. At this time, the proposals will be publicly opened for inspection by any interested party.

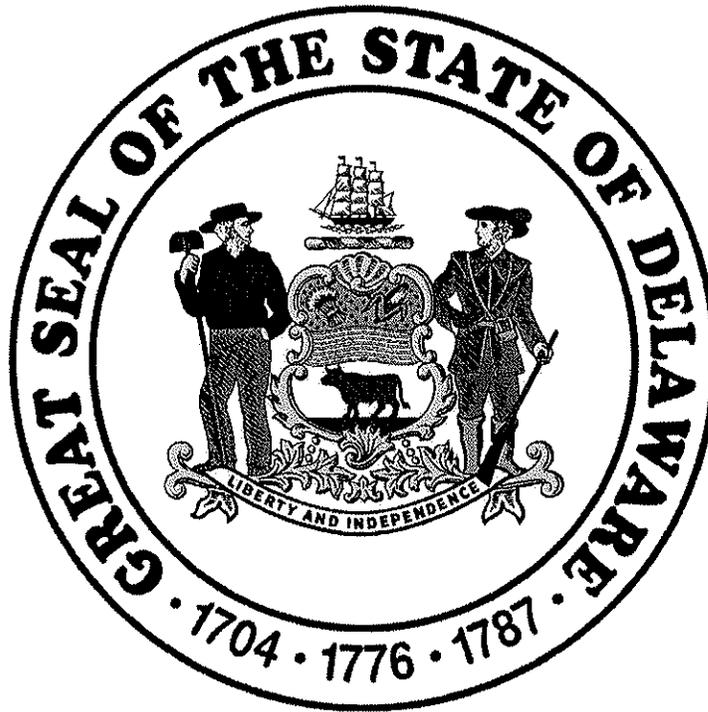
The contract will be awarded by May 13, 2011 to be effective July 1, 2011 and will be effective for a period of three years with a possible three (3) one year renewals.

The State reserves the right to reject any and all proposals.

All bidders must be licensed Delaware Adjusters and guarantee their service. The bidder must have been in business for 5 years.

Specifications can be secured from the Insurance Coverage Office by contacting Debra Lawhead at the address above or by phoning toll free 1-877-277-4185 or (302) 739-3651 or by faxing your request to (302) 739-5345.


Debra Lawhead
Insurance Coverage Office Administrator



Request for Proposals

(RFP # OMBICO-11-001-WCTPA-001)

Third Party Administration for Workers’ Compensation Claims

February 10, 2011

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Statement of Purpose

Please find the enclosed Request for Proposals (RFP) for Third Party Administration for Workers’ Compensation Claims for the *State of Delaware*. The *State of Delaware* is undergoing this process as a normal course of business. The RFP is intended to select a third party administrator to handle workers’ compensation claims on behalf of the *State of Delaware*. The proposals will be evaluated and selected Offerors will be invited to present their proposals. The *State of Delaware* will select one from this group with whom they will negotiate. The *State of Delaware* will then award the contract.

Despite any language contained herein to the contrary, this Request for Proposals does not constitute an offer and is intended solely to obtain competitive proposals from which the *State of Delaware* may choose a third party administrator that best meets the *State of Delaware’s* needs.

State of Delaware Background Information

A. About the State of Delaware

The *State of Delaware* was discovered by Dutch and Swedish settlers in the early 1600’s. In 1681, William Penn, who had just been granted the Province of Pennsylvania to him by King Charles II, petitioned the English crown for the lands on the west of the Delaware River and Bay below his province. In March 1682, as a result of his petition the Duke of York conveyed the deeds and leases of the three Delaware counties - New Castle, St. Jones (Kent) and Deale (Sussex) - to William Penn. In 1776 at the time of the Declaration of Independence, Delaware not only declared itself free from the British Empire, but also established a state government entirely separate from Pennsylvania. In 1787, Delaware became the first of the original thirteen colonies to ratify the Constitution of the United States.

The State of Delaware government now encompasses legislative, judicial and executive branches that include over fifteen full service agencies to maintain Delaware’s environment, support its’ infrastructure, and respond to the needs of its’ citizens and residents. These agencies, among various others, include the Department of Transportation, the Department of Technology and Information, the Department of Natural Resources and Environmental Control, the Department of Homeland Security, the Department of Corrections, the Department of Education and the Department of Services for Children, Youth and Their Families. The *State of Delaware* is the largest employer in Delaware.

The *State of Delaware* Insurance Coverage Office (ICO) serves the insurance needs of Delaware state government and partial insurance needs of higher education and Delaware school districts. The Insurance Coverage Office supports all state agencies in protecting their employees, the general public and the State’s physical assets through fiscally responsible, effective and timely comprehensive insurance management and safety/risk management strategies, policies and services. The insurance coverage provided for state entities through the ICO can be a combination of self funded programs and supplemental excess coverage or stand alone coverage. Excess and stand alone coverages are purchased through insurance brokerage services.

Information to Bidders
Workers' Compensation Adjusting Services
Specifications

The contract will be for all State agencies, public schools, state supported institutions of higher education, Port of Wilmington and volunteer fire companies. As used herein at times, State means State of Delaware, Department means Department of Labor and Board means Industrial Accident Board.

I. THE CLAIMS ADMINISTRATOR SHALL

1. Adjust all claims for accidents for which workers' compensation claims are presented;
2. Contact all claimants, whose claim involves lost time, by personal contact, phone or in writing, within twenty-four (24) hours of the receipt of the Employer's First Report of Injury and handle all claims in accordance with accepted adjusting procedures complying with the provisions set forth under Delaware Workers' Compensation Law;
3. Prepare and file with the Department of Labor agreements and final receipts, and any other forms required by statute or rule;
4. Issue drafts to the claimant for compensation and/or to the medical facility for the medical expenses as required by Agreement on Compensation or Board order. Payments shall be in accordance with the workers' compensation laws of the State of Delaware;
5. Maintain claim records and submit comprehensive reports which will allow the State to make a proper analysis of this exposure. An OSHA 300 Log must be provided. Monthly reports of summary costs by department will be required. Summary reports by specific DDS (department, division, section) code will be required on a semiannual basis for all fiscal years. The fiscal year for the State is July 1 to June 30. Specimen copies of the reports you expect to provide in response to these requirements along with any other standard reports you intend to provide shall be attached as exhibits to the proposal.
6. Maintain an office in the State with an available staff of not less than four (4) qualified, licensed, bonded adjusters and supervised by an individual familiar with all phases of Delaware workers' compensation claims with at least seven (7) years of experience. Your firm must have been in existence for a minimum of five (5) years. Each proposal shall include brief resumes of the staff and supervisor(s) who will be handling these claims;

7. Be responsible at your expense for all fines or penalties levied by a court or the Industrial Accident Board as a result of improper claims handling;
8. Be responsible for employing medical, legal or surveillance experts in cases where such services are required. Costs will be paid by the adjusting company, and reimbursed by the Insurance Coverage Office with the indemnity and other medical expenses. The expenses should also be recorded in such a manner as to distinguish medical management from surveillance, etc. There must be adequate recording of expenses in separate classes of payment to distinguish indemnity from medical from expenses. There must be adequate recording of medical charges and payments made by specific service basis, (the use of ICD-9 or DRG is preferred);
9. Be responsible for the handling of subrogation to its proper conclusion. Provide us with periodic reports as to the results of your subrogation efforts.
10. The successful bidder will be responsible for servicing any claims older than three years which may have to be reopened during the contract period.

II. CONTRACT PERIOD

This contract shall be for a three year period from July 1, 2011 to June 30, 2014; three (3) one year extensions are possible. It shall include the adjustment of claims incurred during this period and reported subsequent to July 1, 2011. It shall include the serving of these claims throughout **the life of the claim (cradle to grave)**. There must be 120 days written notice of the termination of this contract for any or no reason, other than a breach, by the parties to each other without cause.

Termination for cause requires 30 days written notice.

III. EXPERIENCE

See Attachment 4 for State experience.

IV. RISK

Involved are approximately 56,000 employees in all phases of government activities, public education, higher education and an additional 6,000 paid and volunteer firefighters as defined in 19 Del Code Section 2312, and HAZMAT team members as defined in 19 Del Code, Section 2317. The concentration of employees is primarily in New Castle County with 1/3 in the remainder of the State.

Annual payroll for the covered State employees is about \$1,716,025,300.00. The Delaware Compensation Rating Bureau does not publish a rate for the State.

V. PAYMENT

Reserve Funds will be advanced to the claims administrative contractor from which they will issue drafts to claimants, medical providers, vocational and rehabilitation agencies, legal counsel, and expert witnesses. The State reserves the right to audit this account at any time during normal working hours, without prior notice. If the State deems necessary, they also have the right to require a surety bond to the extent of the monies held by the contractor.

The State will maintain a Reserve Fund of one month paid claims with the administrator. The cost of the claims services will be paid on a monthly basis.

VI. METHOD OF BIDDING

It is requested that proposals be provided on a fixed annual fee. The bid shall include the proposed fee for each of the years of the contract.

Alternate proposals will be considered if accompanied by a detailed explanation.

Cost will not be the only factor in the consideration of proposals.

VII. REMARKS

- A. Servicing of the contract must be described in detail.
- B. All conditions of the bid must be in writing and accompany the bid.
- C. The bid price(s) accepted will be firm for a period of three years.
- D. This service is currently being provided by PMA Companies.
- E. The State will expect the successful bidder to be aggressive in attempts to identify fraudulent claims and in returning persons to work. Communication will be critical to the success of the program.
- F. It is expected that medical management, to the extent allowed by law, will be aggressively implemented to reduce the cost of claims.
- G. The contract will be executed or rejected by May 13, 2011. If rejected, the previous RFPs will be reviewed to determine if there is an alternate provider who qualifies.
- H. Please provide flowcharts describing the decision tree(s) for use of an outside adjuster to meet face to face with claimants, implementing outside contractors to provide such services as medical examinations, occupational/vocational rehabilitation, review of medical bills, adjustment of medical bills to usual, customary and reasonable, and surveillance. The State is seeking an aggressive vendor in managing the claims.

- I. Please include a copy of your contract for services modified to reflect the requirements of this RFP as an attachment to the proposal.
- J. Please include copies of the causes of loss table utilized by your agency.

NOTE: All bid proposals shall be provided in the following manner:

- 1. There shall be One (1) original and Five (5) copies submitted in a sealed envelope clearly marked BID PROPOSAL: "WORKERS' COMP CLAIMS MGMT".
- 2. Bids must be received in the Insurance Coverage Office by 11:00 A.M., April 15, 2011.

REQUEST FOR PROPOSALS FOR PROFESSIONAL SERVICES
TO PROVIDE CLAIMS ADJUSTMENT SERVICES
FOR THE
STATE OF DELAWARE
SELF INSURED WORKER’S COMPENSATION PROGRAM
ISSUED BY THE INSURANCE COVERAGE OFFICE
OF THE OFFICE OF MANGEMENT AND BUDGET

I. OVERVIEW

The Insurance Coverage Office of the Office of Management and Budget seeks qualified insurance adjustment firms to provide professional services in providing claims adjustment services for the State of Delaware Self Insured Worker’s Compensation Program. This request for proposals (“RFP”) is issued pursuant to 29 DeI. C. §§6902, 6981 and 6982. As used herein State means State of Delaware, Department means Department of Labor and Board means Industrial Accident Board.

The proposed schedule of events subject to the RFP is outlined below:

Event	Date	Time
RFP Released	<i>February 11, 2011</i>	
Acknowledgement of Receipt	<i>February 28, 2011</i>	
Deadline for Questions Regarding the RFP	<i>March 10, 2011</i>	<i>2:00 PM EST</i>
Proposal Closing Date	<i>April 15, 2011</i>	<i>11:00AM EST</i>
Broker Presentation Notification (If Any)	<i>April 28, 2011</i>	
Broker Presentations (If Any)	<i>May 5, 2011</i>	
Broker Selection	<i>May 13, 2011</i>	
Contract Commencement	<i>July 1, 2010</i>	

The proposal must conform to the requirements of the Proposal Procedures and the Required Information Sections of the RFP. The State specifically reserves the right to waive any informalities or irregularities in the proposal format. Each proposal must be accompanied by a cover letter which briefly summarizes the proposing firm’s interest in providing the required professional services. The cover letter must also clearly state and justify any exceptions to the requirements of the RFP which the applicant may have taken in presenting the proposal. The state reserves the right to deny any and all exceptions taken to the RFP requirements.

II. SCOPE OF SERVICE

- A. Adjust all claims for accidents for which worker’s compensation claims are presented for all of the approximately 56,000 employees in all phases of government activities, public education, higher education, and an additional 6,000 paid and volunteer firefighters as defined in 19 Del Code Section 2312, and HAZMAT team members as defined in 19 Del Code, Section 2317.
- B. Contact all claimants, whose claim involves lost time, by personal contact, phone or in writing, within twenty-four (24) hours of the receipt of the Employer’s First Report of Injury and handle all claims in accordance with accepted adjusting procedures complying with the provisions set forth under Delaware Workers' Compensation Law;
- C. Prepare and file with the Department of Labor agreements, final receipts and any other forms required by statute or rule;
- D. Issue drafts to the claimant for compensation and/or to the medical facility for the medical expenses as required by Agreement as to Compensation or Board order. Payments shall be in accordance with the worker’s compensation laws of the State of Delaware;
- E. Maintain claim records and submit comprehensive reports which will allow the State to make a proper analysis of this exposure. An OSHA 300 Log will be provided. Monthly reports of summary costs by department will be required. Monthly check registers or copies of checks must be provided with each indemnity check run and provided to each agency. Summary reports by specific DDS (department, division, section) code will be required on a semiannual basis for all fiscal years. The fiscal year for the State is 7/1 to 6/30. Specimen copies of the reports you expect to provide in response to these requirements along with any other standard reports you intend to provide shall be attached as exhibits to the proposal;
- F. Maintain an office in the State with an available staff of not less than four (4) qualified, licensed, bonded adjusters and supervised by an individual familiar with all phases of Delaware workers’ compensation claims with at least seven (7) years of experience. Your firm must have been in existence for a minimum of five (5) years;
- G. Be responsible, at your expense, for all fines or penalties levied by the Court or Industrial Accident Board as a result of improper claims handling;

- H. Be responsible for employing medical, legal or surveillance experts in cases where such services are required. Costs will be paid by the adjusting company, and reimbursed by the Insurance Coverage Office with the indemnity and other medical expenses. The expenses should also be recorded to distinguish medical management from surveillance, etc. There must be adequate recording of expenses in separate classes of payment to distinguish indemnity from medical and from expenses. There must be adequate recording of medical charges and payments made by specific service basis, (the use of ICD-9 or DRG is preferred);
- I. Be responsible for the handling of subrogation to its proper conclusion. Provide Insurance Coverage Office with periodic reports as to the results of your subrogation efforts.
- J. The successful bidder will be responsible for servicing any claims older than three years which may have to be reopened during the contract period.

Payment

Reserve Funds will be advanced to the claims administrative contractor from which they will issue drafts to claimants, medical providers, vocational and rehabilitation agencies, legal counsel, and expert witnesses. The State reserves the right to audit this account at any time during normal working hours, without prior notice. If the State deems necessary, they also have the right to require a surety bond to the extent of the monies held by the contractor.

The State will maintain a Reserve Fund of one month paid claims with the administrator.

The cost of the claims services will be paid on a monthly basis.

Method Of Bidding

It is requested that proposals be provided on a fixed annual fee with a provision for supplementary billing on a per case basis in the event claims exceed 4,800 annually. The bid shall include the proposed fee for each of the years of the contract.

Alternate proposals for billing will be considered if accompanied by a detailed explanation.

III. PROPOSAL PROCEDURES

A. Proposals

To be considered, all proposals must be submitted in writing and respond to the items outlined in this RFP using the requested format. The State reserves the right to reject any non-responsive or non-conforming proposals. Each proposal must be submitted with five (5) copies in a sealed envelope conspicuously labeled “sealed proposal -

State of Delaware - Workers' Compensation Claims Management.” The envelope should also contain the name, address and telephone number of the proposing firm. If delivered by mail, the proposal shall be enclosed in an “inner” enveloped labeled as indicated above.

All proposals must be delivered in person or by mail to:

Attention: Debra Lawhead
STATE OF DELAWARE
INSURANCE COVERAGE OFFICE
Office of Management and Budget
500 W. Loockerman Street Suite #300
Dover, Delaware 19903

Any proposal submitted by mail shall be sent by either certified or registered mail. Proposals must be received at the above address no later than April 15, 2011 by 11:00 am local time. Any proposal received after this date shall not be considered and shall be returned unopened. The proposing firm bears the risk of delays in delivery. The contents of any proposal shall not be disclosed or to be made available to competing entities during the negotiation process.

B. Modifications:

Any changes, amendments or modifications to a proposal must be made in writing, submitted in the same manner as the original response and conspicuously labeled as a change, amendment or modification to a previously submitted proposal. Changes, amendments or modifications to proposals shall not be accepted or considered after the hour and date specified as the deadline for submission of proposals.

IV. REQUIRED INFORMATION

The following information shall be provided in each proposal in the order listed below. Failure to respond to any request for information may result in rejection of the proposal in the sole discretion of the State:

A. Minimum Requirements

1. Delaware business license:
Provide evidence of a Delaware business license.
2. Professional liability insurance:
Provide evidence of professional liability insurance in the amount of \$5,000,000.

3. Provide evidence that your firm has been in the business providing claims adjustment services for five (5) years.
4. Provide evidence that your firm maintains an office in Delaware with an available staff of not less than four (4) qualified, licensed, bonded adjusters supervised by a person with at least seven (7) years of similar experience.

B. General Evaluation Requirements

1. Describe in detail how your firm intends to service the contract.
2. Please provide flowcharts describing the decision process for use of an outside adjuster to meet face to face with claimant, implementing outside contractor to provide services or medical examinations, occupational/vocational rehabilitation, review of medical bills, adjustment of medical bills to usual, customary and reasonable, and surveillance. Please provide specimen copies of reports you expect to provide with regard to claim records.
3. Please include copies of the causes of loss table utilized by your firm.
4. Please describe your firm’s experience and qualifications in implementing and managing a claims adjustment program to the extent of that proposed by the RFP. Indicate whether such programs are in use by any public entities, providing names, addresses, telephone numbers and the identity of contact persons for each program listed.
5. Describe staff resources and geographical location and state your firm’s present and/or proposed operations in Delaware. Indicate staff size, special capabilities, particularly those relevant to this project and profile your client mix by industry.
6. Please provide standard customary prices for the claims adjustment services required by this RFP for evaluation purposes only, subject to final negotiations.
7. Please identify the persons in your organization who will be involved in the key activities of implementing and managing the program; state their respective functions with respect to this project; and provide a brief resume of each individual’s professional experience and qualifications. Designate one person who will ultimately be accountable for the development of your firm’s services to the State.

V. EVALUATION PROCESS

All proposals submitted in response to the RFP shall be reviewed by the Proposal Review Committee.

A. Proposal Review Committee:

The Proposal Review Committee shall be comprised of Debra Lawhead, Insurance Coverage Administrator, Brenda Lakeman, Director of Statewide Benefits, and Mary Beth Palermo, Director of Human Resources for DelDot. The Committee shall determine the firms which meet the minimum requirements pursuant to selection criteria of the RFP and procedures established in 29 Del. C. Sections 6981, 6982. The Committee shall interview at least one of the qualified firms. The Committee may negotiate with one or more firms during the same period and may, at its discretion, terminate negotiations with any or all firms. The Committee shall make a recommendation regarding the award to the Director of the Office of Management and Budget who shall have final authority, subject to the provisions of this RFP and 29 Del. C. § 6982, to award a contract to the successful firm in the best interests of the State of Delaware.

B. Proposal Selection Criteria

1. The Proposal Review Committee shall assign up to the maximum number of points as stated in this Section for each Evaluation Item to each of the proposing firms. All assignments of points shall be at the sole discretion of the Proposal Review Committee.
2. The proposals all contain the essential information in which the award decision shall be made. The information required to be submitted in response to this RFP has been determined by the Office of the Budget and the Proposal Review Committee to be essential for use by the committee in the bid evaluation and award process. Therefore, all requirements contained in this RFP shall be met in order to qualify as a responsive and responsible bidder and participate in the Proposal Review Committee’s consideration for award. Proposals which do not meet or comply with the requirements of this RFP may be considered non-conforming and deemed non-responsive and subject to disqualification at the sole discretion of the committee.
3. The Committee reserves the right to:
 - a. Select for contract or for negotiations a proposal other than that with lowest costs.

- b. Reject any and all proposals received in response to this RFP or to make no award or issue a new RFP.
 - c. Waive or modify any information, irregularity, or inconsistency in proposals received.
 - d. Request modification to proposals from any or all contractors during the review and negotiation.
 - e. Negotiate any aspect of the proposal with any firm and negotiate with more than one firm at the same time.
4. All proposals shall be evaluated using the same criteria and scoring process. The following criteria shall be used by the Committee to evaluate proposals:

Evaluation Item	Maximum Points
1) Experience and demonstrated ability to comply with the requirements of a contract of the magnitude of that described in Section II Scope of Services of this RFP.	30
2) The standard customary prices for the insurance services required by this RFP as submitted by the proposing firms to be used for evaluation purposes only, subject to final negotiation.	25
3) The presentation and clarity of management and summary loss reports required by the RFP.	25
4) The proposing firm’s local presence in Delaware, including the firm’s present and/or proposed operations in Delaware for the purpose of claims adjustment.	20
TOTAL POINTS	100 Points

VI. CONTRACT CONDITIONS

The firm awarded the contract under this RFP shall be subject to the following contractual provisions:

A. Term

The term of the contract between the successful firm and the State shall be for a three(3) year period from July 1, 2011 to June 30, 2014; three (3) one year extensions are possible. The contract may be terminated without cause by either party upon 120 days written notice. The successful firm shall be responsible for the adjustment of claims incurred during the contract term. The successful firm shall service those claims throughout the life of each claim, even if the claim extends beyond the contract period. In the event the successful firm materially breaches any obligation under this Agreement, the State may terminate this Agreement upon thirty (30) days written notice.

B. Non-appropriation

In the event that the General Assembly fails to appropriate the specific fund necessary to continue the contractual agreement, in whole or in part, the agreement shall immediately be terminated, as to any obligation of the State requiring the expenditure of money for which no specific appropriation is available, at the end of the last fiscal year for which no appropriation is available or upon the exhaustion of funds.

C. Notice

Any notice to the State required under this Agreement shall be sent by registered mail to:

State Of Delaware
Insurance Coverage Office/Office of Management & Budget
500 W. Loockerman Street Suite #300
Dover, Delaware 19904

D. Formal contract and purchase order

The successful firm shall promptly execute a contract incorporating the terms of this RFP within twenty (20) days after the award of the contract.

E. Indemnification

By submitting a proposal, the proposing firm agrees that in the event it is awarded a contract, it will indemnify and otherwise hold harmless the State of Delaware, its agents and employees from any and all liability, suits, actions, or claims, together with all costs, expenses for attorney’s fees, arising out of the firm’s, its agents and employees’ performance of work or services in connection with the contract, regardless of whether such suits, actions, claims or liabilities are based upon acts or failures to act attributable, in whole or in part, to the State, its employees or agents.

F. Compliance

In performance of this contract the firm is required to comply with all applicable federal, state and local laws, ordinance, codes, rules and regulations. The cost of permits and other relevant costs required in the performance of the contract shall be borne by the successful firm. The firm shall be properly licensed and authorized to transact business in the State of Delaware as provided in Delaware Code Title 30, Section 2502.

G. Insurance

The successful firm shall maintain professional liability insurance in the amount of \$5,000,000.

H. Non-discrimination

In performing the services subject to this RFP the firm agrees that it will not discriminate against any employee or applicant for employment because of race, martial status, genetic information, color, age, religion, sex or national origin. The successful firm shall comply with all federal and state laws, regulations and policies pertaining to the prevention of discriminatory employment practice. Failure to perform under this provision constitutes a material breach of contract.

I. Covenant against contingent fees

The successful firm warrants that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement of understanding for a commission or percentage, brokerage or contingent fee excepting bona-fide employees established commercial or selling agencies maintained by the bidder for the purpose of securing business. For breach or violation of this warranty the State shall have the right to void the contract without liability or at its discretion to deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

J. Contract Documents

The RFP and the executed Contract between the State and the successful firm shall constitute the Contract between the State and the firm. In the event there is any discrepancy between any of these contract documents, the following order of documents governs so that the former prevails over the latter: Contract, and RFP. No other documents shall be considered. These documents contain the entire agreement between the State and the firm.

K. Applicable Law

The Laws of the State of Delaware shall apply, except where Federal Law has precedence. The successful firm consents to jurisdiction and venue in the State of Delaware.

L. Scope of Agreement

If the scope of any provision of this Contract is too broad in any respect whatsoever to permit enforcement to its full extent, then such provision shall be enforced to the maximum extent permitted by law, and the parties hereto consent and agree that such scope may be judicially modified accordingly and that the whole of such provisions of the contract shall not thereby fail, but the scope of such provisions shall be curtailed only to the extent necessary to conform to the law.

Attachment 1

**State of Delaware Insurance Coverage Office
500 West Loockerman Street
3rd Floor, Suite 300
Dover, DE 19904**

NO PROPOSAL REPLY FORM

To assist us in obtaining good competition on our Request for Quotations, we ask that each firm that has received a proposal, but does not wish to bid, state their reason(s) below and return in a clearly marked envelope displaying the RFP number. This information will not preclude receipt of future invitations unless you request removal from the Offeror's List by so indicating below, or do not return this form or bona fide proposal.

Unfortunately, we must offer a "No Proposal" at this time because:

- _____ 1. We do not wish to participate in the proposal process.

- _____ 2. We do not wish to bid under the terms and conditions of the Request for Quotation document. Our objections are:

- _____ 3. We do not feel we can be competitive.

- _____ 4. We cannot submit a Proposal because of the marketing or franchising policies of the company.

- _____ 5. We do not wish to sell to the State. Our objections are:

- _____ 6. We do not sell the items/services on which Proposals are requested.

- _____ 7. Other: _____

FIRM NAME

SIGNATURE

_____ We wish to remain on the Offeror's List **for these goods or services.**

_____ We wish to be deleted from the Offeror's List **for these goods or services.**

Attachment 2

NON-COLLUSION STATEMENT

This is to certify that the undersigned offeror has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this bid submitted this date to State of Delaware Insurance Coverage Office.

It is agreed by the undersigned bidder that the signed delivery of this bid represents the bidder's acceptance of the terms and conditions of this Invitation to Bid including all specifications and special provisions.

NOTE: Signature of the authorized representative **MUST** be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware Insurance Coverage Office.

<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Individual

COMPANY NAME _____ (Check one)

NAME OF AUTHORIZED REPRESENTATIVE (please type/print) _____

SIGNATURE _____ TITLE _____

COMPANY ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____

FEDERAL E.I. NUMBER _____ STATE OF DELAWARE LICENSE NUMBER _____

COMPANY CLASSIFICATIONS: CERT. NO. _____	<u>Women</u>		<u>Minority</u>		<u>Disadvantaged</u>	
	Yes	No	Yes	No	Yes	No
	<u>Business Enterprise (WBE)</u>		<u>Business Enterprise (MBE)</u>		<u>Business Enterprise (DBE)</u>	

[The above table is for information and statistical use only.]

PURCHASE ORDERS SHOULD BE SENT TO:

COMPANY NAME _____

ADDRESS _____

CONTACT _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____

AFFIRMATION: Within the past five years, has your firm, any affiliate, any predecessor company or entity, owner, Director, officer, partner or proprietor been the subject of a Federal, State, Local government suspension or debarment?

YES _____ NO _____ if yes, please explain _____

THIS PAGE SHALL BE SIGNED, NOTARIZED AND RETURNED WITH YOUR PROPOSAL TO BE CONSIDERED

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____, 20_____

Notary Public _____ My commission expires _____

City of _____ County of _____ State of _____

Attachment 3



State of Delaware

Office of Minority and Women Business Enterprise Certification Application



Complete application and mail to:

Office of Minority and Women Business Enterprise (OMWBE)
Haslet Armory
122 William Penn Street
Dover, DE 19901
Telephone: (302)739-4206 Fax: (302)739-1965
Email: deomwbe@state.de.us
Website: www.state.de.us/omwbe

Important Information

Please Read!

Is my firm eligible?

A minority and/or women owned business (sole-proprietorship, partnership, corporation or joint venture) must meet the following criteria:

- a) Minority groups include: African Americans, Asian/Pacific Americans, Hispanic Americans, Native Americans, and Subcontinent Asian Americans.
 - b) At least 51 percent owned, controlled and actively managed by minority group members or by women.
 - c) Serving a for profit business with “useful business functions.”
- An out-of-state company must first **be certified in its home state** before it can be considered for certification in Delaware. This must be a state-level certification, if available.
 - There is no fee for processing your application. In addition, free assistance is available. If you have questions about the application or your company’s qualifications, call (302)739-4206.
 - If your business is certified by **Delaware Department of Transportation (DelDOT) City of Wilmington, Minority Supplier Development Council (MSDC), Women Business Enterprise National Council (WBENC) and located in Delaware**, there is a specialized shortened application. You must also attach a copy of your certification and mail all documents to the OMWBE.
 - Also, please note that it is extremely important to provide other certifying agency documentation. This can expedite the certification process.

Document Request checklist

- Unless otherwise indicated, copies of documents are sufficient.
- **Any deficiency may delay the certification process.**
- **Certification generally takes four to six weeks.**
- **An on-site visit.** *(The OMWBE office may schedule an on-site visit once the completed application and appropriate supporting documentation have been received).*

Documents to attach to your application	Sole Prop	Part/LLP	Corp/S-Corp	LLC	OMWBE Use
Notarized Minority and Women Business Enterprise Affidavit form	Yes	Yes	Yes	Yes	
Copy of birth certificate, permanent resident card, passport or tribal memberships	Yes	Yes	Yes	Yes	
Last two years of your firm's tax returns (gross receipts). If not available, last two years W2 and/or 1099 forms for all owners, directors, officers and senior management.	Yes	Yes	Yes	Yes	
Copy of MBE/WBE certification from home state, if company headquarters are not in Delaware. (must be a state level certification, if available)	Yes	Yes	Yes	Yes	
Copies of any relevant licenses, certificates of training and degrees held by the company or its owners/employees	Yes	Yes	Yes	Yes	
Partnership Agreement, including any amendments, buy-out rights as well as any profit sharing arrangements		Yes			
Articles of Incorporation with all amendments		Yes			
Minutes of the last annual shareholders meeting		Yes			
By-laws and By-law Amendments		Yes			
Copy of most recent Stock Ledger		Yes			
Copy of Certificate of Organization				Yes	
Copy of Operating Agreement				Yes	

Delaware Minority and/or Women Business Enterprise Certification

Certification Application

The following is the application for Minority and/or Women Business Enterprise (MWBE) certification with the State of Delaware. All questions must be answered. Please type or print clearly.

Questions that do not apply to your firm should be marked N/A in the space provided.

The Affidavit on page 14 must be signed and notarized by a Notary Public. Faxed copies of the Affidavit will only be accepted if the notary seal has the stamped seal with the expiration date visible. Otherwise, mail the original Affidavit with the raised seal to our office.

Please return the completed application with signature and required notarization to the address below:

**Office of Minority and Women
Business Enterprise
Haslet Armory
122 William Penn Street
Dover, DE 19901**

**Phone: (302) 739-4206
Fax: (302) 739-1965
Web site: www.state.de.us/omwbe**

Definitions

Minority and/or Women Business Enterprise

A Minority and Women Business Enterprise is a business that is at least 51 percent owned, controlled and actively managed by minority and/or women group members who are United States citizens or persons lawfully admitted to the United States for permanent residence.

The business must be a for-profit business and currently be performing a useful function.

Minorities – United States citizens or permanent residents who are African Americans, Asian/Pacific Americans, Hispanic Americans, Native Americans, Subcontinent Asian Americans, or as defined herein:

African (Black) Americans. All persons having origins from any of the Black groups of Africa and all persons having origins in any of the original peoples of the Cape Verde Islands.

Asian/Pacific Americans. All persons having origins from any of the original peoples of the Far East, Asia, or the Pacific Islands, including China, Japan, Korea, Samoa, Philippine Islands, and Hawaii. Guam, the U.S. Trust Territories of the Pacific or the Northern Marinas.

Hispanic Americans. Persons having origins from any of the Spanish-speaking peoples of México, Puerto Rico, Cuba, Central or South America, or the Caribbean Islands.

Native Americans. All persons having origins from the original peoples of North America and who are recognized as Native Americans by a tribe or tribal organization.

Subcontinent Asian Americans. All persons whose ancestors originated in India, Pakistan or Bangladesh.

Certification - A determination by the OMWBE that a for-profit business entity is a Minority Business Enterprise (MBE) and/or Women Business Enterprise (WBE).

Definitions

Ownership

The minority or woman ownership interest in the firm must be real, substantial and continuing and shall go beyond the pro forma ownership of the business as reflected in its ownership documents. The minority and women owners shall enjoy the customary incidents of ownership and shall share in the risks and profits commensurate with their ownership interest as demonstrated both by an examination of the substance and form of arrangements.

Control

Control will be exemplified by possession of the requisite knowledge and expertise to run the particular business. Control includes the authority to determine the direction of a business, including but not limited to capital investments and all other financial transactions; property acquisitions; day-to-day decisions; contract negotiations; legal matters; selection and hiring of officers, directors, and employees; operating responsibility; cost-control; income and dividend matters; and the rights of other shareholders or partners.

The minority and/or women owners must hold the highest officer position in their companies, example chief executive officer or president.

The minority and/or women must demonstrate that they possess the experience, expertise and knowledge to operate their particular types of business.

Expertise limited to office management, administration, or bookkeeping functions unrelated to the principal business activities of the company is insufficient to demonstrate control. Women and/or minority owners must also verify that they hold any licenses or certification required by the type of business in which they are engaged.

Definitions

Minority Business Enterprise (MBE) - A for profit business in which at least 51% of the beneficial ownership interest and control are held by a minority or minorities. In the case of a corporation, minorities must hold at least 51% of voting interest.

Minority & Women Business Enterprise (MWBE) - A for-profit business in which at least 51% of beneficial interest and control is held by minority women or by an equal combination of minorities and women. In the case of a corporation, women and minorities must also hold at least 51% of voting interest.

Women Business Enterprise (WBE) - A for-profit business in which at least 51% of beneficial interest and control is held by women. In the case of a corporation, women must also hold at least 51% of the voting interest.

Useful Business Function

A useful business function is one, which results in the provision of materials, supplies, equipment or services to consumers in the State. A business acting as a conduit to transfer funds to a non-minority business does not constitute a useful business function unless doing so is a normal industry practice.

Benefits of Certification

Current certified minority and/or women owned firms are eligible to be listed in the State of Delaware Directory of Minority and Women Owned Businesses which is circulated to all state and local government agencies.

Recertification

At the ends of three years from original certification date, firms must submit the recertification affidavit to remain actively visible in the State of Delaware’s Minority and/or Women Business Enterprise database.

Eligibility

A minority and women owned business (sole-proprietorship, partnership, corporation or joint venture) must meet the following criteria:

- a) Belong to a minority group: African Americans, Asian/Pacific Americans, Hispanic Americans, Native Americans, and Subcontinent Asian Americans. *(Please reference above definitions)*
- b) At least 51 percent owned, controlled and actively managed by minority group members or by women.
- c) Serving a for profit business with “useful business functions.” *(Please reference above definitions)*

Reasons for denial *(please note the below may include but not be limited to)*

- a) A business located in a state other than Delaware must first obtain state-level certification in its home state, if such certification is available. “Home state” is defined as the state the company's headquarters are located.
- b) All securities, which constitute ownership and/or control of a corporation for the purpose of establishing it as a MWBE, must be held directly by minorities or women. No securities held in trust, or by a guardian for a minor, shall be considered as held by a minority or women in determining the ownership or control of a corporation.
- c) If the business operations do not reflect the ownership shown on paper.

- d) Firm is not a for-profit business
- e) Firm has provided false or misleading information
- f) Control will not be deemed to exist in cases of simple majority or absentee ownership, or when a non-minority/non-female owner or employee of the firm is disproportionately responsible for its operation.
- g) The firm shall not be subject to any formal or informal restrictions through, for example through, by-laws provisions, partnership agreements, or charter requirements for cumulative voting rights or otherwise that prevents the minority and women owners, without the cooperation or vote of any owner who is not a minority or women for making a business decision of the firm.
- h) If the owners of the firm who are not minorities or women are disproportionately responsible for the operation of the firm, then the firm is not controlled by minorities and shall not be considered as MWBE within the meaning of the definition. Where the actual management of the firm is contracted out to individuals other than the owner, those person who have the ultimate power to hire and fire the managers, can, for the purpose of this
- i) The certification application was submitted incomplete.

How to Apply

- Applications and additional information are available by calling the Office of Minority and Women Business Enterprise at (302) 739-4206 or visiting the web site www.state.de.us/omwbe
- Complete an application for certification and provide required documentation (ethnic status of minority owner(s), financial records, on-going business activity, etc.)
- Provide access to its business facilities and key personnel for state certification on-site visit.

WHERE TO APPLY:

Submit completed applications to:
Office of Minority and Women Business
Enterprise
Haslet Armory
122 William Penn Street
Dover, DE 19901

Frequently Asked Questions

Q: Does certification cost money?

A: No

Q: Are there any set asides for MWBEs?

A: No

Q: Does my certification expire?

A: At the end of three years from original certification date.

Q: Will I be notified of all procurement opportunities?

A: No, however, the OMWBE will continue to research bid opportunities and assist in your effort. We are consistently working on ways to improve communication but strongly encourage you to visit the respective resources.

Q: What is the best way to communicate with the OMWBE?

A: Email. Please check your email daily for procurement opportunities.

Q: Do I have to register with any other agency?

A: Yes. There are multiple agencies that have their own bidders list. Please check OMWBE's web site for each respective agency. For example, Government Support Services and the Department of Technology and Information have vendor registration processes.

State of Delaware Minority and/or Women Business Enterprise Application
All completed applications must be returned with the appropriate requested documents listed.

Please type or print clearly

OMWBE use only: Application Date:

Mail application to:
 Office of Women and Minority Business Enterprise
 Haslet Armory
 122 William Penn Street
 Dover, DE 19901

If you have any questions regarding the completion of this application, please contact us at (302) 739-4206.

**Note – This section must be filled out in its entirety for the application to be processed.
 Incomplete applications will not be processed.**

1. Business Name(s), Contact Information, Federal Employee Identification Number or Social Security Number(EIN/SSN)						
Legal Name of Firm:						
Doing Business As (If applicable):						
Federal E.IN or SSN:			E-Mail Address:			
Address line 1:						
Address line 2:						
City			State	Zip Code	Country	
Telephone Number:			Extension:	Fax Number:		
Company Web Site Address:						
Corp <input type="checkbox"/>	LLC* <input type="checkbox"/>	S Corp <input type="checkbox"/>	Partnership <input type="checkbox"/>	LLP** <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	Joint Venture <input type="checkbox"/>

Date firm was established?
Date firm began doing business (date of first contract or sale)

* Limited Liability Corporation

** Limited Liability Partnership

2. Primary owner applicant information				
Name:		Title:		
Home Address:	City:	State:	Zip Code:	Country:
Telephone Number:		Extension:	Fax Number:	
E-Mail Address:				
Date owner acquired controlling interest?				
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Ethnic Group:		
U.S. Citizen or Permanent Resident: <input type="checkbox"/> No <input type="checkbox"/> Yes				

3. Firm is applying as:			
Minority Business Enterprise		Women Business Enterprise	
<input type="checkbox"/> African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> African American	<input type="checkbox"/> Asian American
<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Native American
<input type="checkbox"/> Subcontinent Asian	<input type="checkbox"/> Other	<input type="checkbox"/> Subcontinent Asian	<input type="checkbox"/> White American
		<input type="checkbox"/> Other	

4. Describe, in detail, what product(s) and/or services your business provides. Attach additional pages and/or the company’s catalog or inventory list, if needed.

5. Five digit North American Industry Classification System (NAICS) Code(s):
 (To assist you in determining your NAICS Code(s) go to www.census.gov/naics)

1.	2.	3.	4.	5.	6.
----	----	----	----	----	----

6. Type of Business		
<input type="checkbox"/> Building trade	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Other
<input type="checkbox"/> Consultant	<input type="checkbox"/> Supplier	
<input type="checkbox"/> Generalized service	<input type="checkbox"/> Highway Construction	
<input type="checkbox"/> Licensed professional services		

7. Provide the following information for: 1) all business owners, 2) corporate directors (if incorporated), 3) officers, and 4) senior management. If more space is needed, attach additional pages.

Name	Title	Date Appointed	Gender	Ethnicity
Officers of the Company				

Board of Directors				

8. Is any owner or board member of the business, an owner or former owner of another firm engaged in the same or similar type of enterprise? No Yes (If yes, identity below)

9. Are there any written, oral, or implied agreements between persons associated in any manner with the firm concerning its ownership and/or operation? (check one) No Yes

10. Please list the gross receipts of last two years	
(A) Year Ending:	Gross Receipts:
(B) Year Ending:	Gross Receipts:

11. Number of employees	Full time:
	Part time:
	Seasonal (approximate):

12. List names and titles of persons who perform the following functions. If more than one, indicate what percent each person handles.			
	Name	Ethnicity	Gender
Financial Decisions			
Estimating & Bidding			
Negotiating & Contract Execution			
Personnel Management			
Field/Production Operations Supervisor			
Office Management			
Marketing/Sales			
Purchasing of Major Equipment			
Authorized to Sign Company Checks (for any purpose)			

13. Identify persons or firms who provide Legal, Accounting, and Banking services:		
Attorney:		Contact:
Phone:	Fax:	Email:
Address:		
Accountant:		Contact:
Phone:	Fax:	Email:
Address:		
Bank:		Contact:
Phone:	Fax:	
Address:		

14. If the business is a corporation or LLC, please list the following information:
a. Total shares authorized:
b. Total shares issued to date:
c. Are there any restrictions that limit the voting rights of ethnic minority group members, who are shareholders, within the By-laws or Articles of Incorporation, or any other documents? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, please explain below)</i>

15. List the three largest contracts or sales completed by the firm during the last three years. List each customer’s name and company or organization, the dollar amount of each contract or sale, and the date completed. If any are subcontracts, provide the name of the firm to which you subcontracted.
1. Company or Individual:
Address, City, State:
Phone: Fax: Email:
Description & Amount:
2. Company or Individual:
Address, City, State:
Phone: Fax: Email:
Description & Amount:
3. Company or Individual:
Address, City, State:
Phone: Fax: Email:
Description & Amount:

16. Has this firm or other firm(s) owned by any of its current owners or officers ever been denied certification by the OMWBE or any other certifying entity (check one)? No; Yes *(If yes, provide the name of the certifying organization and the reason(s) given for denial, below. Attach copies of any relevant documents (letters, appeal documents, etc.).*

17. Debarment

Is this company, or any other company owned in full or part by any of this company’s owners and/or officers, currently debarred from doing business with the State of Delaware? No; Yes.

18. Is the Business certified as a M/W/BE with any other certifying agency? If yes, provide the name(s) of the certifying organization(s), below, and attach letters or other documents verifying such certification.

No Yes

Name	Date Certified	Expiration Date
a.		
b.		
c.		
d.		
e.		
f.		

19. How did you hear about the Office of Minority and Women Business Enterprise:

<input type="checkbox"/> OMWBE staff speak at an event sponsored by another organization	<input type="checkbox"/> OMWBE staff at a trade show or expo
<input type="checkbox"/> OMWBE’s web site	<input type="checkbox"/> Materials published by OMWBE
<input type="checkbox"/> Referred by another organization	<input type="checkbox"/> Referred by the owner of an MBE or WBE
<input type="checkbox"/> Delaware state employee	<input type="checkbox"/> Other, please explain briefly:

Optional Questions

You are not required to answer the following questions and the answers will not affect your company’s eligibility for certification. However, the answers will help OMWBE to identify business opportunities that may be suited to your company. Answers may be estimated; exact figures aren’t necessary.

For all companies
How many years has your company been conducting business with you as owner?
How many contracts, subcontracts, and/or sales has your company completed during the last 12 months?
What is the largest contract, subcontract, or sale your company completed in the past 24 months?
Has your company done any business with government? <input type="checkbox"/> No; <input type="checkbox"/> Yes
If yes, what level of government (check all that apply): <input type="checkbox"/> Federal; <input type="checkbox"/> State; <input type="checkbox"/> Local
Has your company done any business with government in the State of Delaware? <input type="checkbox"/> No; <input type="checkbox"/> Yes
Number of government contracts, subcontracts, or sales completed (estimate):
For Construction-Related Companies Only (not including suppliers of construction materials)
What is your company’s bonding capacity? \$ (indicate “unknown” if you do not know)
What % of your business is direct contracting?
What % of your business is subcontracting?

State of Delaware Minority and/or Women Business Enterprise Affidavit

Hereafter, “the Business” refers to

Business Name

I understand the illegal nature of receiving public or private funds or other property as a consequence of false representation as to the minority status of the business and do herein certify under penalty imposed by Delaware statutes that the information provided is correct and said information herein may be used for the purposes of certifying the business as a Minority and/or Women Business Enterprise. Any false representation will be grounds for denying certification or initiating decertification in the future.

I agree to make available for inspection to the MWBE office any such materials that may be required to substantiate the degree of minority and women ownership and control of the business. I agree to arrange for on-site inspections of the business’ facilities in order to verify information provided in this document.

I agree to provide written information relative to any future change in ownership and/or management of the business to the MWBE office within two weeks of the occurrence of the change. I acknowledge that failure to timely submit required change of status documentation might result in the decertification of the business.

I understand that the certification expiration is three years following the initial date of certification. I further understand that the business must apply for recertification prior to the expiration.

Type or Print Name of Owner

Signature of Owner

Date

Title

Subscribed and sworn to before me this _____ day of
_____ a.d.

Month, Year

Signed _____

NOTARY PUBLIC IN AND FOR THE

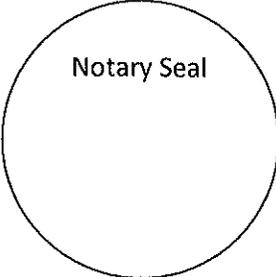
County of _____

State _____

My Commission Expires _____

Date

Notary Seal



Attachment 4

Financial Statistics

State of Delaware

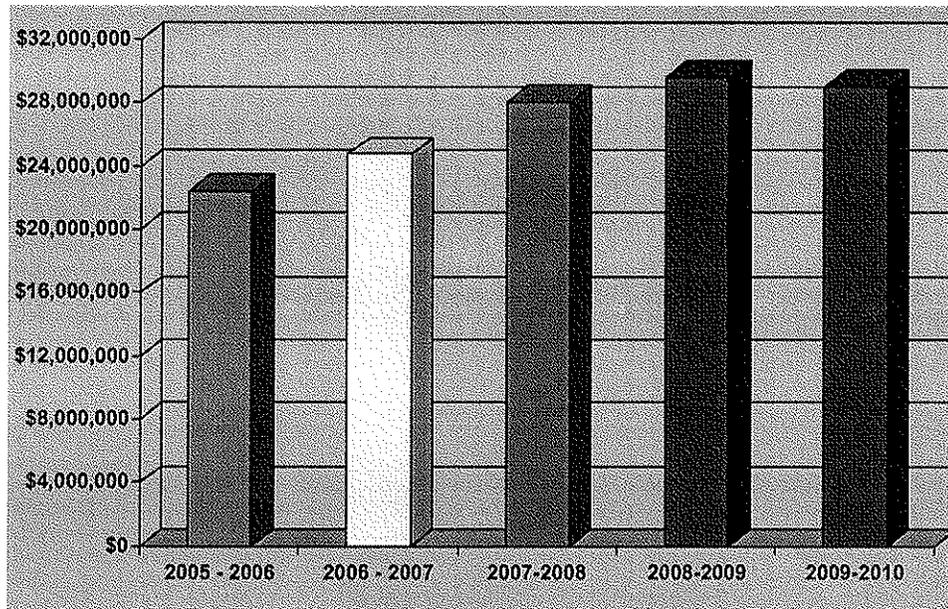
7621402

Fiscal Year Payments - Workers' Compensation

Payments 7/1/05 to 07/01/10

Fiscal Year (7/1 to 6/30)	Medical	Indemnity	Voc Rehab	Expense	Total	**Excess Recoveries	Net Paid*
2005-2006	12,003,437	7,998,052	240,976	2,347,829	22,590,293	139,039	22,451,254
2006-2007	13,189,469	9,202,439	168,450	2,357,162	24,917,520	154,947	24,762,573
2007-2008	14,552,061	10,289,671	247,939	3,078,488	28,167,863	114,707	28,053,156
2008-2009	13,999,406	12,099,549	222,812	3,480,399	29,802,166	155,688	29,646,478
2009-2010	14,505,152	11,255,563	202,382	3,091,670	29,054,766	188,697	28,866,069
TOTALS	60,836,806	990,681	12,806,932	14,966,991	119,595,071	753,078	133,579,530

* Net Paid = Total Paid minus Excess Recoveries
 Total Excess Recoveries as of 7/1/10: \$2,451,307



PMA Management Corp.

Open Loss Summary by Policy

STATE OF DELAWARE

Workers Compensation Claims as of Dec 31, 2010

Location Code

There are no local accident date limits.

Policy Yr Beginning:	Open Claims	Loss Line	Incurred	Paid	Reserve
01/01/86	1	Expense	\$9,191	\$5,043	\$4,148
		Indemnity	\$10,524	\$10,524	\$0
		Medical	\$55,184	\$32,964	\$22,220
		Totals:	\$74,899	\$48,531	\$26,368
01/01/87	3	Expense	\$115,369	\$107,758	\$7,611
		Indemnity	\$1,335,377	\$708,202	\$627,175
		Medical	\$2,819,537	\$2,647,392	\$172,145
		Vocational Rehabilitation	\$8,186	\$8,186	\$0
		Totals:	\$4,278,469	\$3,471,538	\$806,930
01/01/88	6	Expense	\$141,617	\$124,147	\$17,470
		Indemnity	\$1,072,536	\$815,827	\$256,710
		Medical	\$548,378	\$505,792	\$42,586
		Vocational Rehabilitation	\$3,919	\$3,919	\$0
		Totals:	\$1,766,450	\$1,449,685	\$316,765
01/01/89	3	Expense	\$66,951	\$64,242	\$2,709
		Indemnity	\$222,272	\$221,001	\$1,271
		Medical	\$350,279	\$284,799	\$65,480
		Vocational Rehabilitation	\$3,164	\$3,164	\$0
		Totals:	\$642,666	\$573,206	\$69,460
01/01/90	4	Expense	\$111,551	\$89,485	\$22,066
		Indemnity	\$772,518	\$661,691	\$110,828
		Medical	\$649,407	\$547,598	\$101,809
		Vocational Rehabilitation	\$14,763	\$14,763	\$0
		Totals:	\$1,548,239	\$1,313,537	\$234,702
01/01/91	3	Expense	\$81,073	\$80,100	\$973
		Indemnity	\$398,999	\$398,999	\$0
		Medical	\$496,678	\$449,063	\$47,615
		Vocational Rehabilitation	\$1,250	\$1,250	\$0
		Totals:	\$978,000	\$929,412	\$48,589

Open Loss Summary by Policy

STATE OF DELAWARE

Workers Compensation Claims as of Dec 31, 2010

Location Code

There are no local accident date limits.

Policy Yr Beginning:	Open Claims	Loss Line	Incurred	Paid	Reserve
01/01/92	3	Expense	\$96,362	\$86,862	\$9,500
		Indemnity	\$164,034	\$160,601	\$3,433
		Medical	\$286,114	\$226,691	\$59,423
		Vocational Rehabilitation	\$9,237	\$9,237	\$0
		Totals:	\$555,747	\$483,391	\$72,355
01/01/93	1	Expense	\$36,454	\$26,127	\$10,327
		Indemnity	\$456,689	\$327,409	\$129,280
		Medical	\$1,520,549	\$1,326,810	\$193,739
		Totals:	\$2,013,692	\$1,680,346	\$333,346
01/01/94	4	Expense	\$185,182	\$162,462	\$22,720
		Indemnity	\$1,738,856	\$983,490	\$755,366
		Medical	\$720,025	\$656,376	\$63,649
		Vocational Rehabilitation	\$6,010	\$6,010	\$0
		Totals:	\$2,650,073	\$1,808,337	\$841,736
01/01/95	9	Expense	\$275,341	\$240,138	\$35,202
		Indemnity	\$1,273,263	\$971,294	\$301,970
		Medical	\$1,568,454	\$1,425,174	\$143,280
		Vocational Rehabilitation	\$31,391	\$31,391	\$0
		Totals:	\$3,148,449	\$2,667,998	\$480,452
01/01/96	8	Expense	\$294,344	\$258,900	\$35,444
		Indemnity	\$2,403,109	\$1,233,547	\$1,169,562
		Medical	\$2,110,165	\$1,959,989	\$150,176
		Vocational Rehabilitation	\$36,966	\$32,218	\$4,748
		Totals:	\$4,844,584	\$3,484,654	\$1,359,929
01/01/97	8	Expense	\$167,553	\$148,831	\$18,722
		Indemnity	\$680,941	\$581,334	\$99,608
		Medical	\$1,093,928	\$957,139	\$136,789
		Vocational Rehabilitation	\$10,852	\$10,851	\$0
		Totals:	\$1,953,274	\$1,698,156	\$255,118

Open Loss Summary by Policy

STATE OF DELAWARE

Workers Compensation Claims as of Dec 31, 2010

Location Code

There are no local accident date limits.

Policy Yr Beginning:	Open Claims	Loss Line	Incurred	Paid	Reserve
07/01/97	9	Expense	\$337,748	\$289,253	\$48,495
		Indemnity	\$783,893	\$765,654	\$18,239
		Medical	\$2,432,953	\$2,127,327	\$305,626
		Vocational Rehabilitation	\$38,613	\$36,043	\$2,570
		Totals:	\$3,593,207	\$3,218,278	\$374,929
07/01/98	13	Expense	\$252,846	\$230,207	\$22,639
		Indemnity	\$1,457,408	\$1,288,342	\$169,066
		Medical	\$1,398,584	\$1,276,502	\$122,082
		Vocational Rehabilitation	\$35,801	\$35,690	\$111
		Totals:	\$3,144,639	\$2,830,741	\$313,899
07/01/99	14	Expense	\$440,514	\$410,397	\$30,116
		Indemnity	\$3,004,497	\$1,769,683	\$1,234,814
		Medical	\$2,694,828	\$2,349,596	\$345,232
		Vocational Rehabilitation	\$48,318	\$42,160	\$6,158
		Totals:	\$6,188,157	\$4,571,836	\$1,616,321
07/01/00	12	Expense	\$245,763	\$231,651	\$14,113
		Indemnity	\$3,890,308	\$1,681,403	\$2,208,906
		Medical	\$907,578	\$843,734	\$63,844
		Vocational Rehabilitation	\$17,634	\$15,231	\$2,403
		Totals:	\$5,061,283	\$2,772,019	\$2,289,266
07/01/01	29	Expense	\$992,812	\$889,926	\$102,885
		Indemnity	\$3,338,235	\$3,039,889	\$298,345
		Medical	\$4,456,197	\$3,930,308	\$525,889
		Vocational Rehabilitation	\$108,511	\$93,804	\$14,707
		Totals:	\$8,895,755	\$7,953,927	\$941,826
07/01/02	28	Expense	\$669,793	\$587,149	\$82,645
		Indemnity	\$4,021,455	\$2,890,459	\$1,130,995
		Medical	\$3,533,570	\$3,102,531	\$431,039
		Vocational Rehabilitation	\$75,644	\$68,748	\$6,896
		Totals:	\$8,300,462	\$6,648,886	\$1,651,575

Open Loss Summary by Policy

STATE OF DELAWARE

Workers Compensation Claims as of Dec 31, 2010

Location Code

There are no local accident date limits.

Policy Yr Beginning:	Open Claims	Loss Line	Incurred	Paid	Reserve
07/01/03	45	Expense	\$1,073,732	\$928,074	\$145,659
		Indemnity	\$5,515,259	\$4,279,473	\$1,235,787
		Medical	\$4,390,419	\$3,788,589	\$601,831
		Vocational Rehabilitation	\$111,300	\$98,061	\$13,236
		Totals:	\$11,090,710	\$9,094,197	\$1,996,513
07/01/04	39	Expense	\$905,046	\$753,923	\$151,123
		Indemnity	\$4,359,928	\$2,757,193	\$1,602,734
		Medical	\$3,037,825	\$2,814,409	\$223,416
		Vocational Rehabilitation	\$101,397	\$91,328	\$10,069
		Totals:	\$8,404,196	\$6,416,852	\$1,987,342
07/01/05	51	Expense	\$1,097,198	\$860,544	\$236,654
		Indemnity	\$6,649,294	\$3,810,316	\$2,838,979
		Medical	\$5,348,549	\$4,602,615	\$745,934
		Vocational Rehabilitation	\$121,223	\$87,812	\$33,410
		Totals:	\$13,216,264	\$9,361,287	\$3,854,977
07/01/06	88	Expense	\$1,944,480	\$1,535,802	\$408,678
		Indemnity	\$8,694,906	\$5,473,387	\$3,221,517
		Medical	\$7,504,627	\$6,577,867	\$926,761
		Vocational Rehabilitation	\$231,912	\$187,349	\$44,562
		Totals:	\$18,375,925	\$13,774,404	\$4,601,517
07/01/07	102	Expense	\$1,493,948	\$1,057,819	\$436,130
		Indemnity	\$6,143,547	\$3,861,339	\$2,282,206
		Medical	\$6,741,116	\$5,488,560	\$1,252,556
		Vocational Rehabilitation	\$157,326	\$103,762	\$53,564
		Totals:	\$14,535,937	\$10,511,479	\$4,024,456
07/01/08	134	Expense	\$1,408,389	\$819,541	\$588,846
		Indemnity	\$4,749,755	\$2,608,717	\$2,141,037
		Medical	\$5,175,657	\$4,015,686	\$1,159,971
		Vocational Rehabilitation	\$107,221	\$68,125	\$39,096
		Totals:	\$11,441,022	\$7,512,070	\$3,928,950

Open Loss Summary by Policy

STATE OF DELAWARE

Workers Compensation Claims as of Dec 31, 2010

Location Code

There are no local accident date limits.

Policy Yr Beginning:	Open Claims	Loss Line	Incurred	Paid	Reserve
07/01/09	281	Expense	\$1,298,588	\$623,883	\$674,705
		Indemnity	\$3,576,944	\$2,081,515	\$1,495,427
		Medical	\$6,435,578	\$4,359,871	\$2,075,707
		Vocational Rehabilitation	\$50,000	\$16,041	\$33,959
		Totals:	\$11,361,110	\$7,081,310	\$4,279,798
07/01/10	732	Expense	\$288,356	\$63,931	\$224,418
		Indemnity	\$895,294	\$505,200	\$390,093
		Medical	\$2,279,543	\$832,132	\$1,447,411
		Totals:	\$3,463,193	\$1,401,263	\$2,061,922
Grand Total	1,630	Indemnity	\$67,609,841	\$43,886,490	\$23,723,346
		Expense	\$14,030,201	\$10,676,194	\$3,353,997
		Medical	\$68,555,722	\$57,129,515	\$11,426,208
		Vocational Rehabilitation	\$1,330,638	\$1,065,142	\$265,489
		Totals:	\$151,526,402	\$112,757,341	\$38,769,040

Loss Summary by Policy

STATE OF DELAWARE

Workers Compensation Claims as of Dec 31, 2010

There are no local accident date limits.

Location Code

Claim Type/Status	Claim Count	Loss Line	Incurred	Paid	Reserve
Claims for Policy Yr : 2010					
LT Open	173	Medical Indemnity Expense Totals	\$1,978,703 \$895,294 \$267,297 \$3,141,294	\$655,959 \$505,200 \$53,814 \$1,214,973	\$1,322,744 \$390,093 \$213,483 \$1,926,320
LT Closed	80	Medical Indemnity Expense Totals	\$143,811 \$80,237 \$7,648 \$231,692	\$143,810 \$80,235 \$7,647 \$231,692	\$0 \$1 \$0 \$1
Medical Only	1,236	Medical Indemnity Expense Totals	\$464,897 \$0 \$30,783 \$495,680	\$340,156 \$0 \$19,740 \$359,896	\$124,736 \$0 \$11,034 \$135,770
Record Only	225	Medical Totals	\$0 \$0	\$0 \$0	\$0 \$0
Totals for Policy Yr: 2010					
	1,714	Medical Indemnity Expense Totals:	\$2,587,411 \$975,531 \$305,728 \$3,868,670	\$1,139,924 \$585,436 \$81,201 \$1,806,561	\$1,447,481 \$390,094 \$224,517 \$2,062,092

Loss Summary by Policy

STATE OF DELAWARE

Workers Compensation Claims as of Dec 31, 2010

There are no local accident date limits.

Location Code

Claim Type/Status	Claim Count	Loss Line	Incurred	Paid	Reserve
Claims for Policy Yr : 2009					
LT Open	207	Medical	\$5,758,152	\$3,858,794	\$1,899,357
		Indemnity	\$3,576,944	\$2,081,515	\$1,495,427
		Expense	\$1,151,734	\$543,778	\$607,954
		Vocational Rehabilitation	\$50,000	\$16,041	\$33,959
		Totals	\$10,536,830	\$6,500,128	\$4,036,697
LT Closed	465	Medical	\$2,181,629	\$2,181,621	\$0
		Indemnity	\$1,139,004	\$1,138,855	\$141
		Expense	\$215,053	\$214,841	\$216
		Totals	\$3,535,686	\$3,535,317	\$357
Medical Only	3,068	Medical	\$1,838,470	\$1,662,115	\$176,350
		Indemnity	\$0	\$0	\$0
		Expense	\$255,215	\$188,280	\$66,921
		Totals	\$2,093,685	\$1,850,395	\$243,271
Record Only	761	Medical	\$675	\$675	\$0
		Indemnity	\$0	\$0	\$0
		Expense	\$37	\$37	\$0
		Totals	\$712	\$712	\$0
Totals for Policy Yr: 2009					
	4,501	Medical	\$9,778,926	\$7,703,205	\$2,075,707
		Indemnity	\$4,715,948	\$3,220,370	\$1,495,568
		Expense	\$1,622,039	\$946,936	\$675,091
		Vocational Rehabilitation	\$50,000	\$16,041	\$33,959
		Totals:	\$16,166,913	\$11,886,552	\$4,280,326

Loss Summary by Policy

STATE OF DELAWARE

Workers Compensation Claims as of Dec 31, 2010

There are no local accident date limits.

Location Code

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Claim Type/Status	Claim Count	Loss Line	Incurred	Paid	Reserve
Claims for Policy Yr : 2008					
LT Open	120	Medical	\$5,074,131	\$3,940,975	\$1,133,156
		Indemnity	\$4,749,755	\$2,608,717	\$2,141,037
		Expense	\$1,387,000	\$810,597	\$576,402
		Vocational Rehabilitation	\$107,221	\$68,125	\$39,096
		Totals	\$11,318,107	\$7,428,415	\$3,889,691
LT Closed	496	Medical	\$3,577,977	\$3,577,766	\$213
		Indemnity	\$2,381,960	\$2,381,958	\$0
		Expense	\$531,159	\$530,883	\$271
		Vocational Rehabilitation	\$17,953	\$17,953	\$0
		Totals	\$6,509,049	\$6,508,559	\$484
Medical Only	2,988	Medical	\$1,525,038	\$1,497,853	\$27,158
		Indemnity	\$0	\$0	\$0
		Expense	\$178,283	\$165,785	\$12,482
		Vocational Rehabilitation	\$0	\$0	\$0
		Totals	\$1,703,321	\$1,663,639	\$39,640
Record Only	805	Medical	\$783	\$783	\$0
		Indemnity	\$0	\$0	\$0
		Expense	\$37	\$37	\$0
		Totals	\$820	\$819	\$0
Totals for Policy Yr: 2008					
	4,409	Medical	\$10,177,929	\$9,017,377	\$1,160,527
		Indemnity	\$7,131,715	\$4,990,675	\$2,141,037
		Expense	\$2,096,479	\$1,507,302	\$589,155
		Vocational Rehabilitation	\$125,174	\$86,078	\$39,096
		Totals:	\$19,531,297	\$15,601,432	\$3,929,815

Loss Summary by Policy

STATE OF DELAWARE

Workers Compensation Claims as of Dec 31, 2010

There are no local accident date limits.

Location Code

Claim Type/Status	Claim Count	Loss Line	Incurred	Paid	Reserve
Claims for Policy Yr : 2007					
LT Open	97	Medical	\$6,678,746	\$5,436,480	\$1,242,266
		Indemnity	\$6,143,547	\$3,861,339	\$2,282,206
		Expense	\$1,492,169	\$1,056,564	\$435,605
		Vocational Rehabilitation	\$157,326	\$103,762	\$53,564
		Totals	\$14,471,788	\$10,458,145	\$4,013,641
LT Closed	593	Medical	\$4,424,842	\$4,424,839	\$0
		Indemnity	\$3,845,438	\$3,845,423	\$0
		Expense	\$947,091	\$945,647	\$1,439
		Vocational Rehabilitation	\$32,466	\$32,464	\$0
		Totals	\$9,249,837	\$9,248,374	\$1,439
Medical Only	3,041	Medical	\$1,424,259	\$1,413,951	\$10,290
		Indemnity	\$0	\$0	\$0
		Expense	\$346,781	\$346,239	\$531
		Vocational Rehabilitation	\$0	\$0	\$0
		Totals	\$1,771,040	\$1,760,190	\$10,821
Record Only	495	Medical	\$146	\$146	\$0
		Indemnity	\$0	\$0	\$0
		Expense	\$11	\$11	\$0
		Totals	\$157	\$158	\$0
Totals for Policy Yr: 2007					
	4,226	Medical	\$12,527,993	\$11,275,417	\$1,252,556
		Indemnity	\$9,988,985	\$7,706,762	\$2,282,206
		Expense	\$2,786,052	\$2,348,462	\$437,575
		Vocational Rehabilitation	\$189,792	\$136,226	\$53,564
		Totals:	\$25,492,822	\$21,466,866	\$4,025,901

Loss Summary by Policy

STATE OF DELAWARE

Workers Compensation Claims as of Dec 31, 2010

There are no local accident date limits.

Location Code

Claim Type/Status	Claim Count	Loss Line	Incurred	Paid	Reserve
Claims for Policy Yr : 2006					
LT Open	83	Medical	\$7,398,592	\$6,490,653	\$907,940
		Indemnity	\$8,694,906	\$5,473,387	\$3,221,517
		Expense	\$1,927,847	\$1,522,478	\$405,369
		Vocational Rehabilitation	\$231,912	\$187,349	\$44,562
		Totals	\$18,253,257	\$13,673,866	\$4,579,388
LT Closed	562	Medical	\$4,891,276	\$4,891,278	\$0
		Indemnity	\$3,976,369	\$3,976,377	\$0
		Expense	\$900,977	\$900,971	\$14
		Vocational Rehabilitation	\$68,669	\$68,667	\$0
		Totals	\$9,837,291	\$9,837,294	\$14
Medical Only	3,176	Medical	\$1,745,668	\$1,726,819	\$18,820
		Indemnity	\$0	\$0	\$0
		Expense	\$327,286	\$323,963	\$3,314
		Vocational Rehabilitation	\$8,375	\$8,376	\$0
		Totals	\$2,081,329	\$2,059,158	\$22,134
Record Only	384	Medical	\$300	\$300	\$0
		Indemnity	\$0	\$0	\$0
		Expense	\$27	\$27	\$0
		Totals	\$327	\$327	\$0
Totals for Policy Yr: 2006					
	4,205	Medical	\$14,035,836	\$13,109,050	\$926,761
		Indemnity	\$12,671,275	\$9,449,765	\$3,221,517
		Expense	\$3,156,137	\$2,747,439	\$408,697
		Vocational Rehabilitation	\$308,956	\$264,392	\$44,562
		Totals:	\$30,172,204	\$25,570,645	\$4,601,536

Loss Summary by Policy

STATE OF DELAWARE

Workers Compensation Claims as of Dec 31, 2010

There are no local accident date limits.

Location Code

Claim Type/Status	Claim Count	Loss Line	Incurred	Paid	Reserve
Claims for Policy Yr : 2005					
LT Open	51	Medical	\$5,348,549	\$4,602,615	\$745,934
		Indemnity	\$6,649,294	\$3,810,316	\$2,838,979
		Expense	\$1,097,198	\$860,544	\$236,654
		Vocational Rehabilitation	\$121,223	\$87,812	\$33,410
		Totals	\$13,216,264	\$9,361,287	\$3,854,977
LT Closed	639	Medical	\$6,060,317	\$6,060,307	\$0
		Indemnity	\$4,673,067	\$4,673,059	\$0
		Expense	\$1,229,025	\$1,229,019	\$6
		Vocational Rehabilitation	\$80,681	\$80,677	\$0
		Totals	\$12,043,090	\$12,043,061	\$6
Medical Only	3,152	Medical	\$1,312,788	\$1,312,788	\$0
		Indemnity	\$0	\$0	\$0
		Expense	\$163,810	\$163,799	\$0
		Vocational Rehabilitation	\$3,352	\$3,352	\$0
		Totals	\$1,479,950	\$1,479,939	\$0
Record Only	255	Medical	\$154	\$154	\$0
		Indemnity	\$0	\$0	\$0
		Expense	\$13	\$12	\$0
		Totals	\$167	\$166	\$0
Totals for Policy Yr : 2005					
	4,097	Medical	\$12,721,808	\$11,975,863	\$745,934
		Indemnity	\$11,322,361	\$8,483,375	\$2,838,979
		Expense	\$2,490,046	\$2,253,374	\$236,660
		Vocational Rehabilitation	\$205,256	\$171,841	\$33,410
		Totals:	\$26,739,471	\$22,884,454	\$3,854,983

Loss Summary by Policy

STATE OF DELAWARE

Workers Compensation Claims as of Dec 31, 2010

There are no local accident date limits.

Location Code

Claim Type/Status	Claim Count	Loss Line	Incurred	Paid	Reserve
Claims for Policy Yr : 2004					
LT Open	37	Medical	\$3,019,308	\$2,807,856	\$211,451
		Indemnity	\$4,359,928	\$2,757,193	\$1,602,734
		Expense	\$895,546	\$750,715	\$144,831
		Vocational Rehabilitation	\$101,397	\$91,328	\$10,069
		Totals	\$8,376,179	\$6,407,092	\$1,969,086
LT Closed	622	Medical	\$5,401,200	\$5,401,198	\$0
		Indemnity	\$4,126,258	\$4,126,247	\$0
		Expense	\$1,074,005	\$1,073,996	\$0
		Vocational Rehabilitation	\$85,393	\$85,392	\$0
		Totals	\$10,686,856	\$10,686,833	\$0
Medical Only	3,231	Medical	\$1,444,260	\$1,432,277	\$11,964
		Indemnity	\$0	\$0	\$0
		Expense	\$148,896	\$142,588	\$6,292
		Vocational Rehabilitation	\$4,963	\$4,963	\$0
		Totals	\$1,598,119	\$1,579,827	\$18,256
Record Only	135	Medical	\$291	\$291	\$0
		Indemnity	\$0	\$0	\$0
		Expense	\$11	\$11	\$0
		Totals	\$302	\$301	\$0
Totals for Policy Yr: 2004					
	4,025	Medical	\$9,865,059	\$9,641,622	\$223,416
		Indemnity	\$8,486,186	\$6,883,440	\$1,602,734
		Expense	\$2,118,458	\$1,967,309	\$151,123
		Vocational Rehabilitation	\$191,753	\$181,683	\$10,069
		Totals:	\$20,661,456	\$18,674,054	\$1,987,342

Loss Summary by Policy

STATE OF DELAWARE

Workers Compensation Claims as of Dec 31, 2010

There are no local accident date limits.

Location Code

Location Code	Claim Type/Status	Claim Count	Loss Line	Incurred	Paid	Reserve
Claims for Policy Yr : 2003						
	LT Open	45	Medical	\$4,390,419	\$3,788,589	\$601,831
			Indemnity	\$5,515,259	\$4,279,473	\$1,235,787
			Expense	\$1,073,732	\$928,074	\$145,659
			Vocational Rehabilitation	\$111,300	\$98,061	\$13,236
			Totals	\$11,090,710	\$9,094,197	\$1,996,513
	LT Closed	618	Medical	\$5,131,754	\$5,131,746	\$0
			Indemnity	\$4,333,011	\$4,332,998	\$0
			Expense	\$1,054,423	\$1,054,415	\$0
			Vocational Rehabilitation	\$89,789	\$89,786	\$0
			Totals	\$10,608,977	\$10,608,944	\$0
	Medical Only	3,084	Medical	\$990,010	\$989,972	\$0
			Indemnity	\$0	\$0	\$0
			Expense	\$182,530	\$182,525	\$0
			Vocational Rehabilitation	\$5,577	\$5,577	\$0
			Totals	\$1,178,117	\$1,178,074	\$0
	Record Only	154	Medical	\$0	\$0	\$0
			Indemnity	\$0	\$0	\$0
			Totals	\$0	\$0	\$0
Totals for Policy Yr: 2003						
		3,901	Medical	\$10,512,183	\$9,910,307	\$601,831
			Indemnity	\$9,848,270	\$8,612,471	\$1,235,787
			Expense	\$2,310,685	\$2,165,014	\$145,659
			Vocational Rehabilitation	\$206,666	\$193,424	\$13,236
			Totals:	\$22,877,804	\$20,881,216	\$1,996,513

Loss Summary by Policy

STATE OF DELAWARE

Workers Compensation Claims as of Dec 31, 2010

There are no local accident date limits.

Location Code

Claim Type/Status	Claim Count	Loss Line	Incurred	Paid	Reserve
Claims for Policy Yr : 2002					
LT Open	28	Medical	\$3,533,570	\$3,102,531	\$431,039
		Indemnity	\$4,021,455	\$2,890,459	\$1,130,995
		Expense	\$669,793	\$587,149	\$82,645
		Vocational Rehabilitation	\$75,644	\$68,748	\$6,896
		Totals	\$8,300,462	\$6,648,886	\$1,651,575
LT Closed	595	Medical	\$4,677,317	\$4,677,308	\$0
		Indemnity	\$4,246,171	\$4,246,176	\$0
		Expense	\$1,208,613	\$1,208,570	\$42
		Vocational Rehabilitation	\$74,565	\$74,564	\$0
		Totals	\$10,206,666	\$10,206,617	\$42
Medical Only	3,216	Medical	\$1,072,433	\$1,072,405	\$0
		Indemnity	\$0	\$0	\$0
		Expense	\$208,788	\$208,779	\$0
		Totals	\$1,281,221	\$1,281,184	\$0
Record Only	118	Medical	\$0	\$0	\$0
		Indemnity	\$0	\$0	\$0
		Totals	\$0	\$0	\$0
Totals for Policy Yr: 2002					
	3,957	Medical	\$9,283,320	\$8,852,244	\$431,039
		Indemnity	\$8,267,626	\$7,136,635	\$1,130,995
		Expense	\$2,087,194	\$2,004,497	\$82,687
		Vocational Rehabilitation	\$150,209	\$143,312	\$6,896
		Totals:	\$19,788,349	\$18,136,688	\$1,651,618

Loss Summary by Policy

STATE OF DELAWARE

Workers Compensation Claims as of Dec 31, 2010

There are no local accident date limits.

Location Code

Location Code	Claim Type/Status	Claim Count	Loss Line	Incurred	Paid	Reserve
Claims for Policy Yr : 2001						
LT Open	29	Medical	\$4,456,197	\$3,930,308	\$525,889	
		Indemnity	\$3,338,235	\$3,039,889	\$298,345	
		Expense	\$992,812	\$889,926	\$102,885	
		Vocational Rehabilitation	\$108,511	\$93,804	\$14,707	
		Totals	\$8,895,755	\$7,953,927	\$941,826	
LT Closed	562	Medical	\$4,220,921	\$4,220,912	\$0	
		Indemnity	\$4,790,130	\$4,790,133	\$0	
		Expense	\$1,081,174	\$1,081,172	\$0	
		Vocational Rehabilitation	\$118,445	\$118,442	\$0	
		Totals	\$10,210,670	\$10,210,660	\$0	
Medical Only	3,236	Medical	\$908,910	\$908,841	\$0	
		Indemnity	\$0	\$0	\$0	
		Expense	\$109,571	\$109,562	\$0	
		Totals	\$1,018,481	\$1,018,403	\$0	
Record Only	78	Medical	\$102	\$102	\$0	
		Indemnity	\$0	\$0	\$0	
		Expense	\$8	\$8	\$0	
		Totals	\$110	\$110	\$0	
Totals for Policy Yr: 2001						
	3,905	Medical	\$9,586,130	\$9,060,164	\$525,889	
		Indemnity	\$8,128,365	\$7,830,023	\$298,345	
		Expense	\$2,183,565	\$2,080,667	\$102,885	
		Vocational Rehabilitation	\$226,956	\$212,246	\$14,707	
		Totals:	\$20,125,016	\$19,183,100	\$941,826	

Loss Summary by Policy

STATE OF DELAWARE

Workers Compensation Claims as of Dec 31, 2010

There are no local accident date limits.

Location Code

Claim Type/Status	Claim Count	Loss Line	Incurred	Paid	Reserve
Claims for Policy Yr : 2000					
LT Open	12	Medical	\$907,578	\$843,734	\$63,844
		Indemnity	\$3,890,308	\$1,681,403	\$2,208,906
		Expense	\$245,763	\$231,651	\$14,113
		Vocational Rehabilitation	\$17,634	\$15,231	\$2,403
		Totals	\$5,061,283	\$2,772,019	\$2,289,266
LT Closed	603	Medical	\$4,869,116	\$4,869,102	\$0
		Indemnity	\$4,538,274	\$4,538,276	\$0
		Expense	\$1,080,501	\$1,080,501	\$0
		Vocational Rehabilitation	\$98,256	\$98,253	\$0
		Totals	\$10,586,147	\$10,586,132	\$0
Medical Only	3,507	Medical	\$920,828	\$920,776	\$0
		Indemnity	\$0	\$0	\$0
		Expense	\$154,041	\$154,043	\$0
		Vocational Rehabilitation	\$4,360	\$4,361	\$0
		Totals	\$1,079,229	\$1,079,180	\$0
Record Only	109	Medical	\$0	\$0	\$0
		Indemnity	\$0	\$0	\$0
		Totals	\$0	\$0	\$0
Totals for Policy Yr: 2000					
	4,231	Medical	\$6,697,522	\$6,633,613	\$63,844
		Indemnity	\$8,428,582	\$6,219,678	\$2,208,906
		Expense	\$1,480,305	\$1,466,194	\$14,113
		Vocational Rehabilitation	\$120,250	\$117,845	\$2,403
		Totals:	\$16,726,659	\$14,437,330	\$2,289,266

Loss Summary by Policy

STATE OF DELAWARE

Workers Compensation Claims as of Dec 31, 2010

There are no local accident date limits.

Location Code

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Claim Type/Status	Claim Count	Loss Line	Incurred	Paid	Reserve
Claims for Policy Yr : 1999					
LT Open	14	Medical	\$2,694,828	\$2,349,596	\$345,232
		Indemnity	\$3,004,497	\$1,769,683	\$1,234,814
		Expense	\$440,514	\$410,397	\$30,116
		Vocational Rehabilitation	\$48,318	\$42,160	\$6,158
		Totals	\$6,188,157	\$4,571,836	\$1,616,321
LT Closed	588	Medical	\$4,537,045	\$4,537,033	\$0
		Indemnity	\$4,675,147	\$4,675,133	\$0
		Expense	\$947,537	\$947,538	\$0
		Vocational Rehabilitation	\$113,037	\$113,035	\$0
		Totals	\$10,272,766	\$10,272,739	\$0
Medical Only	3,617	Medical	\$842,723	\$842,699	\$0
		Indemnity	\$0	\$0	\$0
		Expense	\$105,419	\$105,414	\$0
		Totals	\$948,142	\$948,113	\$0
Record Only	101	Medical	\$0	\$0	\$0
		Indemnity	\$0	\$0	\$0
		Totals	\$0	\$0	\$0
Totals for Policy Yr: 1999					
	4,320	Medical	\$8,074,596	\$7,729,327	\$345,232
		Indemnity	\$7,679,644	\$6,444,817	\$1,234,814
		Expense	\$1,493,470	\$1,463,350	\$30,116
		Vocational Rehabilitation	\$161,355	\$155,194	\$6,158
		Totals:	\$17,409,065	\$15,792,687	\$1,616,321
Grand Total:					
	47,491	Medical	\$115,848,713	\$106,048,112	\$9,800,217
		Indemnity	\$97,644,488	\$77,563,447	\$20,080,983
		Expense	\$24,130,158	\$21,031,745	\$3,098,278
		Vocational Rehabi	\$1,936,367	\$1,678,282	\$258,060
		Totals:	\$239,559,726	\$206,321,585	\$33,237,538