Admiral Insurance Austin TX



Claims Detail Report

MIRAI WSURANCE

Page 1 of 46

Wednesday, June 12, 2019

Policy Information

 Policy #:
 Prev. Policy #:
 Limits:
 Insured:
 Eff. Date:
 Exp. Date:
 Deductible:
 State:

 E0000000385-23
 \$1,000,000.00
 GREGG COUNTY HEALTH DEPAR
 10/1/2018
 10/1/2019
 \$2,500.00
 TX

Claim Information

Claim#: Claimant: Status: Location: Loss Res: Loss Paid: Total Incurred:

Loss Supervisor: Adjuster: Exp Res: Expn Paid: - Deductible Paid:

Salvage: Total Net Incurred:

Date of Loss: Received Date:

Facts:

Branch:

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 2 of 46

Wednesday, June 12, 2019

	AUITINAL (COMPANY		AUIVIINAL (COMPANY		
		Tota	ls - Number Claims	; = 0	
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00
Salvage:	\$0.00			Total Net Incurred:	\$0.00

Admiral Insurance Austin TX



Claims Detail Report

Page 3 of 46

Wednesday, June 12, 2019

Policy Information

Policy #: Prev. Policy #: Limits: Eff. Date: Exp. Date: Deductible: Insured: State: EO000000385-22 EO000000385-21 \$1,000,000.00 GREGG COUNTY HEALTH DEPAR 10/1/2017 10/1/2018 \$2,500.00 TX **Claim Information** Claim #: Claimant: Loss Res: Loss Paid: Total Incurred: Status: Location: - Deductible Paid: Exp Res: Expn Paid: Total Net Incurred: Salvage:

Loss Supervisor: Adjuster:

Date of Loss: Received Date:

Facts:

Branch:

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 4 of 46

Wednesday, June 12, 2019

	AUMINAL COMPANY		AUNINAL COMPANY		
		Tota	ls - Number Claims	= 0	
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00
Salvage:	\$0.00			Total Net Incurred:	\$0.00

Admiral Insurance Austin TX



Claims Detail Report

DMIRAI PSURANCE

Page 5 of 46

Wednesday, June 12, 2019

Policy Information

Policy #: Prev. Policy #: Limits: Eff. Date: Exp. Date: Deductible: Insured: State: EO000000385-21 EO000000385-20 \$1,000,000.00 GREGG COUNTY HEALTH DEPAR 10/1/2016 10/1/2017 \$2,500.00 TX **Claim Information** Claim #: Claimant: Loss Res: Loss Paid: Total Incurred: Status: Location: - Deductible Paid: Exp Res: Expn Paid: Total Net Incurred: Loss Supervisor: Salvage: Adjuster:

Date of Loss: Received Date:

Facts:

Branch:



Claims Detail Report



Page 6 of 46

Wednesday, June 12, 2019

Admiral Insurance Austin TX Branch:

	400
ADMIRAL	INSURANC COMPANY

		Total	ls - Number Claims	s = 0	
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00
Salvage:	\$0.00			Total Net Incurred:	\$0.00

Admiral Insurance Austin TX

Branch:



Claims Detail Report

OMIRAL INSURANCE

Page 7 of 46

Wednesday, June 12, 2019

		2 1/22	PERMIT
Pol	CV	Inform	ation

 Policy #:
 Prev. Policy #:
 Limits:
 Insured:
 Eff. Date:
 Exp. Date:
 Deductible:
 State:

 E0000000385-20
 E0000000385-19
 \$1,000,000.00
 GREGG COUNTY HEALTH DEPAR
 10/1/2015
 10/1/2016
 \$2,500.00
 TX

Claim Information

			<u>U</u>	iaim information		
Claim #:	Claimant:	Status:	Location:	Loss Res:	Loss Paid:	Total Incurred:
				Exp Res:	Expn Paid:	- Deductible Paid:
Loss Supervisor:	Adjuster:			Salvage:		Total Net Incurred:
Date of Loss:	Received Date:					
Facts:						

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 8 of 46

Wednesday, June 12, 2019

	AUMINAL COMPANY		AUNINAL COMPANY		
		Tota	ls - Number Claims	= 0	
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00
Salvage:	\$0.00			Total Net Incurred:	\$0.00

Admiral Insurance Austin TX

Branch:

Facts:



Claims Detail Report

Page 9 of 46

Wednesday, June 12, 2019

Dal	icv	Inform	ation

Policy #: Prev. Policy #: Limits: Eff. Date: Exp. Date: Deductible: Insured: State: EO000000385-18 10/1/2015 EO000000385-19 \$1,000,000.00 GREGG COUNTY HEALTH DEPAR 10/1/2014 \$2,500.00 TX

Claim Information

Claim #:	Claimant:	Status:	Location:	Loss Res:	Loss Paid:	Total Incurred:
				Exp Res:	Expn Paid:	- Deductible Paid:
Loss Supervisor:	Adjuster:			Salvage:		Total Net Incurred:
Date of Loss:	Received Date:					



Claims Detail Report



Page 10 of 46

Wednesday, June 12, 2019

Admiral Insurance Austin TX Branch:

ADMIRAL	INSURANCE COMPANY

		Total	ls - Number Claims	s = 0	
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00
Salvage:	\$0.00			Total Net Incurred:	\$0.00

Admiral Insurance Austin TX

Branch:

Facts:



Claims Detail Report

OMIRAI INSURANCE

Page 11 of 46

Wednesday, June 12, 2019

200	(C)	4 1720	DODEN
	iou	Inform	ation.
POI	ICV	шош	auon

 Policy #:
 Prev. Policy #:
 Limits:
 Insured:
 Eff. Date:
 Exp. Date:
 Deductible:
 State:

 E0000000385-18
 E0000000385-17
 \$1,000,000.00
 GREGG COUNTY HEALTH DEPAR
 10/1/2013
 10/1/2014
 \$2,500.00
 TX

Claim Information

			<u>C</u>	laim Information		
Ilaim #:	Claimant:	Status:	Location:	Loss Res:	Loss Paid:	Total Incurred:
				Exp Res:	Expn Paid:	- Deductible Paid:
oss Supervisor:	Adjuster:			Salvage:		Total Net Incurred:
Date of Loss:	Received Date:					

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 12 of 46

Wednesday, June 12, 2019

AUMINAL COMPANY			AUNINAL COMPANY		
Totals - Number Claims = 0					
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00
Salvage:	\$0.00			Total Net Incurred:	\$0.00

Admiral Insurance Austin TX

Branch:



Claims Detail Report

OMIRAI INSURANCE

Page 13 of 46

Wednesday, June 12, 2019

Polic	w In	form	ation

 Policy #:
 Prev. Policy #:
 Limits:
 Insured:
 Eff. Date:
 Exp. Date:
 Deductible:
 State:

 E0000000385-17
 E0000000385-16
 \$1,000,000.00
 GREGG COUNTY HEALTH DEPAR
 10/1/2012
 10/1/2013
 \$2,500.00
 TX

Claim Information						
Claim #:	Claimant:	Status:	Location:	Loss Res:	Loss Paid:	Total Incurred:
				Exp Res:	Expn Paid:	- Deductible Paid:
Loss Supervisor:	Adjuster:			Salvage:		Total Net Incurred:
Date of Loss:	Received Date:					
Facts:						

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 14 of 46

Wednesday, June 12, 2019

AUMINAL COMPANY			AUNINAL COMPANY		
Totals - Number Claims = 0					
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00
Salvage:	\$0.00			Total Net Incurred:	\$0.00

Admiral Insurance Austin TX

Branch:

Facts:



Claims Detail Report

Page 15 of 46

Wednesday, June 12, 2019

200	(C)	4 1720	DODEN
	iou	Inform	ation.
POI	ICV	шош	auon

Policy #: Prev. Policy #: Limits: Eff. Date: Exp. Date: Deductible: Insured: State: EO000000385-16 EO000000385-15 10/1/2012 \$1,000,000.00 GREGG COUNTY HEALTH DEPAR 10/1/2011 \$2,500.00 TX

Claim Information

Claim #:	Claimant:	Status:	Location:	Loss Res:	Loss Paid:	Total Incurred:
				Exp Res:	Expn Paid:	- Deductible Paid:
Loss Supervisor:	Adjuster:			Salvage:		Total Net Incurred:
Date of Loss:	Received Date:					



Claims Detail Report



Page 16 of 46

Wednesday, June 12, 2019

Admiral Insurance Austin TX Branch:

-	12	
DMIRAL	INSURANCE COMPANY	

Totals - Number Claims = 0					
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00
Salvage:	\$0.00			Total Net Incurred:	\$0.00

Admiral Insurance Austin TX



Claims Detail Report

OMIRAI INSURANCE

Page 17 of 46

Wednesday, June 12, 2019

Policy Information

Policy #: Prev. Policy #: Limits: Eff. Date: Exp. Date: Deductible: Insured: State: EO000000385-15 EO000000385-14 \$1,000,000.00 GREGG COUNTY HEALTH DEPAR 10/1/2010 10/1/2011 \$2,500.00 TX **Claim Information** Claim #: Claimant: Loss Res: Loss Paid: Total Incurred: Status: Location: - Deductible Paid: Exp Res: Expn Paid:

Loss Supervisor: Adjuster:

Date of Loss: Received Date:

Facts:

Branch:

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 18 of 46

Wednesday, June 12, 2019

	PLANTE PLY COMPANY			PLDIVILIPLE COMPANY		
Totals - Number Claims = 0						
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00	
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00	
Salvage:	\$0.00			Total Net Incurred:	\$0.00	

Admiral Insurance Austin TX



Claims Detail Report

DASID AT INSURANCE

Page 19 of 46

Wednesday, June 12, 2019

Total Net Incurred:

Policy Information

Policy #: Prev. Policy #: Limits: Eff. Date: Exp. Date: Deductible: Insured: State: EO000000385-14 EO000000385-13 \$1,000,000.00 GREGG COUNTY HEALTH DEPAR 10/1/2009 10/1/2010 \$2,500.00 TX **Claim Information** Claim #: Claimant: Loss Res: Loss Paid: Total Incurred: Status: Location: - Deductible Paid: Exp Res: Expn Paid:

Salvage:

Loss Supervisor: Adjuster:

Date of Loss: Received Date:

Facts:

Branch:

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 20 of 46

Wednesday, June 12, 2019

AUMINAL COMPANY			AUNINAL COMPANY		
Totals - Number Claims = 0					
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00
Salvage:	\$0.00			Total Net Incurred:	\$0.00

Admiral Insurance Austin TX

Branch:

Facts:



Claims Detail Report

Page 21 of 46

Wednesday, June 12, 2019

200	(C)	4 1720	DODEN
	iou	Inform	ation.
POI	ICV	шош	auon

Policy #: Prev. Policy #: Limits: Eff. Date: Exp. Date: Deductible: Insured: State: E0000000385-12 10/1/2009 EO000000385-13 \$1,000,000.00 GREGG COUNTY HEALTH DEPAR 10/1/2008 \$2,500.00 TX

			<u>C</u>	laim Information		
Claim #:	Claimant:	Status:	Location:	Loss Res:	Loss Paid:	Total Incurred:
				Exp Res:	Expn Paid:	- Deductible Paid:
Loss Supervisor:	Adjuster:			Salvage:		Total Net Incurred:
Date of Loss:	Received Date:					

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 22 of 46

Wednesday, June 12, 2019

	ADIN	IIITHL COMPANY		AUNITIAL COMPANY	
		Total	ls - Number Claims	= 0	
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00
Salvage:	\$0.00			Total Net Incurred:	\$0.00

Admiral Insurance Austin TX

Branch:

Facts:



Claims Detail Report

Page 23 of 46

Wednesday, June 12, 2019

-			100
Pol	ICV	Inform	ation

Policy #: Prev. Policy #: Limits: Eff. Date: Exp. Date: Deductible: Insured: State: EO000000385-11 10/1/2008 EO000000385-12 \$1,000,000.00 GREGG COUNTY HEALTH DEPAR 10/1/2007 \$2,500.00 TX

			<u>C</u>	laim Information		
Claim #:	Claimant:	Status:	Location:	Loss Res:	Loss Paid:	Total Incurred:
				Exp Res:	Expn Paid:	- Deductible Paid:
Loss Supervisor:	Adjuster:			Salvage:		Total Net Incurred:
Date of Loss:	Received Date:					

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 24 of 46

Wednesday, June 12, 2019

	ADN	IINAL COMPANY		AUNITAL COMPANY	
		Tota	ls - Number Claims		
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00
Salvage:	\$0.00			Total Net Incurred:	\$0.00

Admiral Insurance Austin TX

Received Date:



Claims Detail Report

DMIRAL INSUBANCE

Page 25 of 46

Wednesday, June 12, 2019

Policy Information

Policy #: Prev. Policy #: Limits: Eff. Date: Exp. Date: Deductible: Insured: State: EO000000385-11 EO000000385-10 \$1,000,000.00 GREGG COUNTY HEALTH DEPAR 10/1/2006 10/1/2007 \$2,500.00 TX **Claim Information** Claim #: Claimant: Loss Res: Loss Paid: Total Incurred: Status: Location: - Deductible Paid: Exp Res: Expn Paid: Total Net Incurred: Loss Supervisor: Salvage: Adjuster:

Facts:

Date of Loss:

Branch:



Claims Detail Report



Page 26 of 46

Wednesday, June 12, 2019

Branch: Admiral Insurance Austin TX	Branch:	Admiral	Insurance	Austin	ΤX
-------------------------------------	---------	---------	-----------	--------	----

-	DV.
ADMIRAL	INSURANC

Totals - Number Claims = 0								
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00			
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00			
Salvage:	\$0.00			Total Net Incurred:	\$0.00			

Admiral Insurance Austin TX



Claims Detail Report

AND ALL INSURANCE

Page 27 of 46

Wednesday, June 12, 2019

Policy Information

Policy #: Prev. Policy #: Limits: Eff. Date: Exp. Date: Deductible: Insured: State: EO000000385-10 EO000000385-09 \$1,000,000.00 GREGG COUNTY HEALTH DEPAR 10/1/2005 10/1/2006 \$2,500.00 TX **Claim Information** Claim #: Claimant: Loss Res: Loss Paid: Total Incurred: Status: Location: - Deductible Paid: Exp Res: Expn Paid: Total Net Incurred: Loss Supervisor: Salvage: Adjuster:

Date of Loss: Received Date:

Facts:

Branch:

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 28 of 46

Wednesday, June 12, 2019

	ADN	IINAL COMPANY		AUNIMAL COMPANY			
Totals - Number Claims = 0							
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00		
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00		
Salvage:	\$0.00			Total Net Incurred:	\$0.00		

Admiral Insurance Austin TX

Branch:



Claims Detail Report

Page 29 of 46

Wednesday, June 12, 2019

-		- Car	
Da	icv	Information	

Policy #: Prev. Policy #: Limits: Eff. Date: Exp. Date: Deductible: Insured: State: E0000000385-08 10/1/2005 EO000000385-09 \$1,000,000.00 GREGG COUNTY HEALTH DEPAR 10/1/2004 \$2,500.00 TX

				Claim Information			
Claim #:	Claimant:	Status:	Location:	Loss Res:	Loss Paid:	Total Incurred:	
				Exp Res:	Expn Paid:	- Deductible Paid:	
Loss Supervisor:	Adjuster:			Salvage:		Total Net Incurred:	
Date of Loss:	Received Date:						
Facts:							

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 30 of 46

Wednesday, June 12, 2019

	ADIN	IIITHL COMPANY		AUNITIAL COMPANY	
		Total	ls - Number Claims	= 0	
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00
Salvage:	\$0.00			Total Net Incurred:	\$0.00

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 31 of 46

Wednesday, June 12, 2019

		2 1/22	PERMIT
Pol	CV	Inform	ation

Policy #: Prev. Policy #: Limits: Eff. Date: Exp. Date: Deductible: Insured: State: A02PL16239-07 10/1/2004 EO000000385-08 \$1,000,000.00 GREGG COUNTY HEALTH DEPAR 10/1/2003 \$2,500.00 TX

				Claim Information			
Claim #:	Claimant:	Status:	Location:	Loss Res:	Loss Paid:	Total Incurred:	
				Exp Res:	Expn Paid:	- Deductible Paid:	
Loss Supervisor:	Adjuster:			Salvage:		Total Net Incurred:	
Date of Loss:	Received Date:						
Facts:							

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 32 of 46

Wednesday, June 12, 2019

	AUN	IIRAL COMPANY		AUVIINAL COMPANY	
		Total	ls - Number Claims	; = 0	
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00
Salvage:	\$0.00			Total Net Incurred:	\$0.00

Admiral Insurance Austin TX

Branch:



Claims Detail Report

OMIRAL INSURANCE

Page 33 of 46

Wednesday, June 12, 2019

200	(C)	4 1720	DODEN
	iou	Inform	ation.
POI	ICV	шош	auon

 Policy #:
 Prev. Policy #:
 Limits:
 Insured:
 Eff. Date:
 Exp. Date:
 Deductible:
 State:

 A02PL16239-07
 A01PL14168-06
 \$1,000,000.00
 GREGG COUNTY HEALTH DEPAR
 10/1/2002
 10/1/2003
 \$2,500.00
 TX

Claim Information

			<u> </u>	dilli illiorination		
Claim #:	Claimant:	Status:	Location:	Loss Res:	Loss Paid:	Total Incurred:
				Exp Res:	Expn Paid:	- Deductible Paid:
Loss Supervisor:	Adjuster:			Salvage:		Total Net Incurred:
Date of Loss:	Received Date:					
Facts:						

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 34 of 46

Wednesday, June 12, 2019

	ADN	IINAL COMPANY		AUNITAL COMPANY	
		Tota	ls - Number Claims	= 0	
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00
Salvage:	\$0.00			Total Net Incurred:	\$0.00

Admiral Insurance Austin TX

Branch:



Claims Detail Report

Page 35 of 46

Wednesday, June 12, 2019

200	(C)	4 1720	DODEN
	iou	Inform	ation.
POI	ICV	шош	auon

Policy #: Prev. Policy #: Limits: Insured: Eff. Date: Exp. Date: Deductible: State: A00PL11833-05 10/1/2002 A01PL14168-06 \$1,000,000.00 GREGG COUNTY HEALTH DEPAR 10/1/2001 \$2,500.00 TX

				Claim Information			
Claim #:	Claimant:	Status:	Location:	Loss Res:	Loss Paid:	Total Incurred:	
				Exp Res:	Expn Paid:	- Deductible Paid:	
Loss Supervisor:	Adjuster:			Salvage:		Total Net Incurred:	
Date of Loss:	Received Date:						
Facts:							



Claims Detail Report



Page 36 of 46

Wednesday, June 12, 2019

Admiral Insurance Austin TX Branch:

Totals - Number Claims = 0								
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00			
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00			
Salvage:	\$0.00			Total Net Incurred:	\$0.00			

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 37 of 46

Wednesday, June 12, 2019

Polic	w In	form	ation

Policy #: Prev. Policy #: Limits: Insured: Eff. Date: Exp. Date: Deductible: State: 10/1/2001 A00PL11833-05 A99PL09047-04 \$1,000,000.00 GREGG COUNTY HEALTH DEPAR 10/1/2000 \$2,500.00 TX

			9	Claim Information		
Claim #:	Claimant:	Status:	Location:	Loss Res:	Loss Paid:	Total Incurred:
				Exp Res:	Expn Paid:	- Deductible Paid:
Loss Supervisor:	Adjuster:			Salvage:		Total Net Incurred:
Date of Loss:	Received Date:					
Facts:						

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 38 of 46

Wednesday, June 12, 2019

	ADN	IINAL COMPANY		AUNITAL COMPANY	
		Tota	ls - Number Claims	= 0	
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00
Salvage:	\$0.00			Total Net Incurred:	\$0.00

Admiral Insurance Austin TX

Branch:



Claims Detail Report

DMIRAI PSURANCE

Page 39 of 46

Wednesday, June 12, 2019

Polic	w In	form	ation

 Policy #:
 Prev. Policy #:
 Limits:
 Insured:
 Eff. Date:
 Exp. Date:
 Deductible:
 State:

 A99PL09047-04
 A98PL03079-03
 \$1,000,000.00
 GREGG COUNTY HEALTH DEPAR
 10/1/1999
 10/1/2000
 \$2,500.00
 TX

Claim Information

			<u>C</u>	Claim Information		
Claim #:	Claimant:	Status:	Location:	Loss Res:	Loss Paid:	Total Incurred:
				Exp Res:	Expn Paid:	- Deductible Paid:
Loss Supervisor:	Adjuster:			Salvage:		Total Net Incurred:
Date of Loss:	Received Date:					
Facts:				•		

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 40 of 46

Wednesday, June 12, 2019

	ADN	IINAL COMPANY	AUNIINAL (COMPANY			
Totals - Number Claims = 0						
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00	
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00	
Salvage:	\$0.00			Total Net Incurred:	\$0.00	

Admiral Insurance Austin TX

Branch:



Claims Detail Report

MIRAI WSURANCE

Page 41 of 46

Wednesday, June 12, 2019

Polic	w In	form	ation

 Policy #:
 Prev. Policy #:
 Limits:
 Insured:
 Eff. Date:
 Exp. Date:
 Deductible:
 State:

 A98PL03079-03
 A97PL03079-02
 \$1,000,000.00
 GREGG COUNTY HEALTH DEPAR
 10/1/1998
 10/1/1999
 \$2,500.00
 TX

				Claim Information		
Claim #:	Claimant:	Status:	Location:	Loss Res:	Loss Paid:	Total Incurred:
				Exp Res:	Expn Paid:	- Deductible Paid:
Loss Supervisor:	Adjuster:			Salvage:		Total Net Incurred:
n	B 1 1 B					
Date of Loss:	Received Date:					
Facts:						
I HUES.						

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 42 of 46

Wednesday, June 12, 2019

	ADIN	IIITHL COMPANY	AUVIINAL COMPANY				
Totals - Number Claims = 0							
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00		
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00		
Salvage:	\$0.00			Total Net Incurred:	\$0.00		

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 43 of 46

Wednesday, June 12, 2019

Polic	w In	form	ation

Policy #: Prev. Policy #: Limits: Insured: Eff. Date: Exp. Date: Deductible: State: A96PL00658-01 10/1/1998 A97PL03079-02 \$1,000,000.00 GREGG COUNTY HEALTH DEPAR 10/1/1997 \$2,500.00 TX

				Claim Information		
Claim #:	Claimant:	Status:	Location:	Loss Res:	Loss Paid:	Total Incurred:
				Exp Res:	Expn Paid:	- Deductible Paid:
Loss Supervisor:	Adjuster:			Salvage:		Total Net Incurred:
Date of Loss:	Received Date:					
Facts:						

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 44 of 46

Wednesday, June 12, 2019

	ADIN	IIITHL COMPANY	AUVIINAL COMPANY				
Totals - Number Claims = 0							
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00		
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00		
Salvage:	\$0.00			Total Net Incurred:	\$0.00		

Admiral Insurance Austin TX

Branch:



Claims Detail Report

ADMIRAL INSUBANCE

Page 45 of 46

Wednesday, June 12, 2019

Polic	w In	form	ation

 Policy #:
 Prev. Policy #:
 Limits:
 Insured:
 Eff. Date:
 Exp. Date:
 Deductible:
 State:

 A96PL00658-01
 \$1,000,000.00
 GREGG COUNTY HEALTH DEPAR
 10/1/1996
 10/1/1997
 \$2,500.00
 TX

				Claim Information		
Claim #:	Claimant:	Status:	Location:	Loss Res:	Loss Paid:	Total Incurred:
				Exp Res:	Expn Paid:	- Deductible Paid:
Loss Supervisor:	Adjuster:			Salvage:		Total Net Incurred:
Date of Loss:	Received Date:					
Facts:						

Admiral Insurance Austin TX

Branch:



Claims Detail Report



Page 46 of 46

Wednesday, June 12, 2019

	ADN	IINAL COMPANY	AUNIINAL (COMPANY			
Totals - Number Claims = 0						
Loss Res:	\$0.00	Loss Paid:	\$0.00	Total Incurred:	\$0.00	
Expn Res:	\$0.00	Expn Paid:	\$0.00	- Deductible Paid:	\$0.00	
Salvage:	\$0.00			Total Net Incurred:	\$0.00	