

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005
 Sorted by fiscal year and location

09/01/2005 - 09/30/2005

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2000/2001

Insured : Alameda - JBWCP

Insured Total: 48		Indemnity	0.00	103,900.69	0.00	103,900.69	0.00	103,900.69	0.00
		Rehab	0.00	720.05	0.00	720.05	0.00	720.05	0.00
		Medical	0.00	70,467.15	0.00	70,467.15	0.00	70,467.15	0.00
		Legal	0.00	13,411.50	0.00	13,411.50	0.00	13,411.50	0.00
		Other	0.00	15,630.69	0.00	15,630.69	0.00	15,630.69	0.00
		Insured Total	0.00	204,130.08	0.00	204,130.08	0.00	204,130.08	0.00

Insured : Contra Costa - JBWCP

Insured Total: 33		Indemnity	0.00	75,172.81	0.00	75,172.81	0.00	75,172.81	18.00
		Rehab	0.00	450.00	0.00	450.00	0.00	450.00	0.00
		Medical	2.97	20,474.00	0.00	20,474.00	0.00	20,474.00	0.00
		Legal	188.70	8,114.60	0.00	8,114.60	0.00	8,114.60	0.00
		Other	0.00	4,199.62	0.00	4,199.62	0.00	4,199.62	0.00
		Insured Total	191.67	108,411.03	0.00	108,411.03	0.00	108,411.03	18.00

Insured : Marin - JBWCP

Insured Total: 7		Indemnity	0.00	1,327.24	0.00	1,327.24	0.00	1,327.24	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	5,909.06	0.00	5,909.06	0.00	5,909.06	0.00
		Legal	0.00	4,816.31	0.00	4,816.31	0.00	4,816.31	0.00
		Other	0.00	5,191.20	0.00	5,191.20	0.00	5,191.20	0.00
		Insured Total	0.00	17,243.81	0.00	17,243.81	0.00	17,243.81	0.00

Insured : San Diego - JBWCP

Insured Total: 63		Indemnity	0.00	90,664.30	0.00	90,664.30	0.00	90,664.30	0.00
		Rehab	0.00	240.50	0.00	240.50	0.00	240.50	0.00
		Medical	48.19	98,964.78	0.00	98,964.78	0.00	98,964.78	0.00
		Legal	0.00	1,015.00	0.00	1,015.00	0.00	1,015.00	0.00
		Other	0.00	4,573.38	0.00	4,573.38	0.00	4,573.38	0.00
		Insured Total	48.19	195,457.96	0.00	195,457.96	0.00	195,457.96	0.00

Insured : San Luis Obispo - JBWCP

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Fiscal Year : 2000/2001

Insured : San Luis Obispo - JBWCP

Insured Total: 3		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	3,343.33	0.00	3,343.33	0.00	3,343.33	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	0.00	3,343.33	0.00	3,343.33	0.00	3,343.33	0.00

Insured : Santa Clara - JBWCP

Insured Total: 37		Indemnity	0.00	131,638.57	0.00	131,638.57	0.00	131,638.57	0.00
		Rehab	0.00	15,501.07	0.00	15,501.07	0.00	15,501.07	0.00
		Medical	0.00	70,818.68	0.00	70,818.68	0.00	70,818.68	0.00
		Legal	0.00	85.00	0.00	85.00	0.00	85.00	0.00
		Other	0.00	82.75	0.00	82.75	0.00	82.75	0.00
		Insured Total	0.00	218,126.07	0.00	218,126.07	0.00	218,126.07	0.00

Insured : Santa Cruz - JBWCP

Insured Total: 8		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	8,202.21	0.00	8,202.21	0.00	8,202.21	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	160.12	0.00	160.12	0.00	160.12	0.00
		Insured Total	0.00	8,362.33	0.00	8,362.33	0.00	8,362.33	0.00

Fiscal Year Total: 199

Indemnity	0.00	402,703.61	0.00	402,703.61	18.00
Rehab	0.00	16,911.62	0.00	16,911.62	0.00
Medical	51.16	278,179.21	0.00	278,179.21	0.00
Legal	188.70	27,442.41	0.00	27,442.41	0.00
Other	0.00	29,837.76	0.00	29,837.76	0.00
Fiscal Year Total	239.86	755,074.61	0.00	755,074.61	18.00

Fiscal Year : 2001/2002

Insured : Alameda - JBWCP

Custom Claim Summary

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Fiscal Year : 2001/2002

Insured : Alameda - JBWCP

Insured Total: 61		Indemnity	0.00	86,953.65	0.00	86,953.65	0.00	86,953.65	0.00
		Rehab	0.00	19,346.24	0.00	19,346.24	0.00	19,346.24	0.00
		Medical	0.00	94,611.62	0.00	94,611.62	0.00	94,611.62	0.00
		Legal	0.00	15,611.61	0.00	15,611.61	0.00	15,611.61	0.00
		Other	0.00	6,657.18	0.00	6,657.18	0.00	6,657.18	0.00
		Insured Total	0.00	223,180.30	0.00	223,180.30	0.00	223,180.30	0.00

Insured : Contra Costa - JBWCP

Insured Total: 80		Indemnity	0.00	39,349.31	0.00	39,349.31	0.00	39,349.31	0.00
		Rehab	0.00	375.00	0.00	375.00	0.00	375.00	0.00
		Medical	0.00	29,452.09	0.00	29,452.09	0.00	29,452.09	0.00
		Legal	0.00	865.60	0.00	865.60	0.00	865.60	0.00
		Other	0.00	7,750.48	0.00	7,750.48	0.00	7,750.48	0.00
		Insured Total	0.00	77,792.48	0.00	77,792.48	0.00	77,792.48	0.00

Insured : Marin - JBWCP

Insured Total: 11		Indemnity	0.00	8,830.73	0.00	8,830.73	0.00	8,830.73	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	16,454.71	0.00	16,454.71	0.00	16,454.71	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	2,653.80	0.00	2,653.80	0.00	2,653.80	0.00
		Insured Total	0.00	27,939.24	0.00	27,939.24	0.00	27,939.24	0.00

Insured : San Diego - JBWCP

Insured Total: 84		Indemnity	0.00	138,386.76	0.00	138,386.76	0.00	138,386.76	0.00
		Rehab	0.00	611.33	0.00	611.33	0.00	611.33	0.00
		Medical	0.00	139,950.83	0.00	139,950.83	0.00	139,950.83	(5,000.00)
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	253.91	10,185.03	0.00	10,185.03	0.00	10,185.03	0.00
		Insured Total	253.91	289,133.95	0.00	289,133.95	0.00	289,133.95	(5,000.00)

Insured : San Luis Obispo - JBWCP

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Fiscal Year : 2001/2002

Insured : San Luis Obispo - JBWCP

Insured Total: 9		Indemnity	0.00	10,614.37	0.00	10,614.37	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	7,473.13	0.00	7,473.13	0.00	(138.00)
		Legal	0.00	912.30	0.00	912.30	0.00	0.00
		Other	0.00	492.34	0.00	492.34	0.00	0.00
		Insured Total	0.00	19,492.14	0.00	19,492.14	0.00	(138.00)

Insured : Santa Clara - JBWCP

Insured Total: 80		Indemnity	0.00	230,354.45	0.00	230,354.45	0.00	0.00
		Rehab	0.00	15,344.99	0.00	15,344.99	0.00	0.00
		Medical	0.00	232,561.15	0.00	232,561.15	0.00	0.00
		Legal	0.00	4,453.64	0.00	4,453.64	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	0.00	482,714.23	0.00	482,714.23	0.00	0.00

Insured : Santa Cruz - JBWCP

Insured Total: 12		Indemnity	0.00	30,487.57	0.00	30,487.57	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	35,707.22	0.00	35,707.22	0.00	0.00
		Legal	0.00	1,426.94	0.00	1,426.94	0.00	0.00
		Other	0.00	2,172.40	0.00	2,172.40	0.00	0.00
		Insured Total	0.00	69,794.13	0.00	69,794.13	0.00	0.00

Fiscal Year Total: 337

Fiscal Year Total: 337		Indemnity	0.00	544,976.84	0.00	544,976.84	0.00	0.00
		Rehab	0.00	35,677.56	0.00	35,677.56	0.00	0.00
		Medical	0.00	556,210.75	0.00	556,210.75	0.00	(5,138.00)
		Legal	0.00	23,270.09	0.00	23,270.09	0.00	0.00
		Other	253.91	29,911.23	0.00	29,911.23	0.00	0.00
		Fiscal Year Total	253.91	1,190,046.47	0.00	1,190,046.47	0.00	(5,138.00)

Fiscal Year : 2002/2003

Insured : Alameda - JBWCP

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Fiscal Year : 2002/2003

Insured : Alameda - JBWCP

Insured Total: 85		Indemnity	0.00	147,123.35	0.00	147,123.35	0.00	147,123.35	0.00
		Rehab	0.00	4,400.00	0.00	4,400.00	0.00	4,400.00	0.00
		Medical	0.00	130,375.30	0.00	130,375.30	0.00	130,375.30	0.00
		Legal	0.00	7,077.58	0.00	7,077.58	0.00	7,077.58	0.00
		Other	0.00	57,586.92	0.00	57,586.92	0.00	57,586.92	0.00
		Insured Total	0.00	346,563.15	0.00	346,563.15	0.00	346,563.15	0.00

Insured : Amador - JBWCP

Insured Total: 1		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Insured : Contra Costa - JBWCP

Insured Total: 66		Indemnity	0.00	24,252.50	0.00	24,252.50	0.00	24,252.50	7.64
		Rehab	0.00	830.00	0.00	830.00	0.00	830.00	0.00
		Medical	3.95	20,964.92	0.00	20,964.92	0.00	20,964.92	0.00
		Legal	0.00	247.00	0.00	247.00	0.00	247.00	0.00
		Other	0.00	7,135.44	0.00	7,135.44	0.00	7,135.44	1,809.00
		Insured Total	3.95	53,429.86	0.00	53,429.86	0.00	53,429.86	1,816.64

Insured : Lake - JBWCP

Insured Total: 1		Indemnity	0.00	1,204.00	0.00	1,204.00	0.00	1,204.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	5,204.83	0.00	5,204.83	0.00	5,204.83	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	0.00	6,408.83	0.00	6,408.83	0.00	6,408.83	0.00

Insured : Marin - JBWCP

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Fiscal Year : 2002/2003

Insured : Marin - JBWCP

Insured Total: 12		Indemnity	0.00	1,838.73	0.00	1,838.73	0.00	1,838.73	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	2,337.11	0.00	2,337.11	0.00	2,337.11	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	0.00	4,175.84	0.00	4,175.84	0.00	4,175.84	0.00

Insured : Orange - JBWCP

Insured Total: 1		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	38.00	0.00	38.00	0.00	38.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	0.00	38.00	0.00	38.00	0.00	38.00	0.00

Insured : Riverside - JBWCP

Insured Total: 33		Indemnity	9,178.14	38,917.86	0.00	38,917.86	0.00	38,917.86	0.00
		Rehab	0.00	631.10	0.00	631.10	0.00	631.10	0.00
		Medical	500.35	66,243.18	0.00	66,243.18	0.00	66,243.18	0.00
		Legal	0.00	12,480.66	0.00	12,480.66	0.00	12,480.66	0.00
		Other	0.00	6,091.39	0.00	6,091.39	0.00	6,091.39	0.00
		Insured Total	9,678.49	124,364.19	0.00	124,364.19	0.00	124,364.19	0.00

Insured : San Bernardino - JBWCP

Insured Total: 46		Indemnity	0.00	23,815.31	0.00	23,815.31	0.00	23,815.31	0.00
		Rehab	0.00	586.48	0.00	586.48	0.00	586.48	0.00
		Medical	0.00	77,777.98	0.00	77,777.98	0.00	77,777.98	0.00
		Legal	0.00	8,662.60	0.00	8,662.60	0.00	8,662.60	0.00
		Other	0.00	4,958.06	0.00	4,958.06	0.00	4,958.06	0.00
		Insured Total	0.00	115,800.43	0.00	115,800.43	0.00	115,800.43	0.00

Insured : San Diego - JBWCP

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Fiscal Year : 2002/2003

Insured : San Diego - JBWCP

Insured Total: 83		Indemnity	0.00	63,140.90	0.00	63,140.90	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	591.02	139,826.54	0.00	139,826.54	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	6,586.52	0.00	6,586.52	0.00	0.00
		Insured Total	591.02	209,553.96	0.00	209,553.96	0.00	0.00

Insured : San Luis Obispo - JBWCP

Insured Total: 8		Indemnity	0.00	30,670.36	0.00	30,670.36	0.00	0.00
		Rehab	0.00	790.20	0.00	790.20	0.00	0.00
		Medical	0.00	77,088.91	0.00	77,088.91	0.00	0.00
		Legal	0.00	2,961.83	0.00	2,961.83	0.00	0.00
		Other	0.00	9,255.84	0.00	9,255.84	0.00	0.00
		Insured Total	0.00	120,767.14	0.00	120,767.14	0.00	0.00

Insured : Santa Clara - JBWCP

Insured Total: 140		Indemnity	0.00	57,733.51	0.00	57,733.51	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	1,389.44	252,704.52	125.44	252,829.96	0.00	0.00
		Legal	0.00	5,940.69	0.00	5,940.69	0.00	0.00
		Other	0.00	3,346.04	0.00	3,346.04	0.00	0.00
		Insured Total	1,389.44	319,724.76	125.44	319,850.20	0.00	0.00

Insured : Santa Cruz - JBWCP

Insured Total: 1		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	400.00	0.00	400.00	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	3,357.50	0.00	3,357.50	0.00	0.00
		Insured Total	0.00	3,757.50	0.00	3,757.50	0.00	0.00

Insured : Ventura - JBWCP

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09/01/2005 - 09/30/2005

Sorted by fiscal year and location

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2002/2003

Insured : Ventura - JBWCP

Insured Total: 2		Indemnity	0.00	7,426.00	0.00	7,426.00	0.00	
		Rehab	0.00	0.00	0.00	0.00	0.00	
		Medical	0.00	4,945.90	0.00	4,945.90	0.00	
		Legal	0.00	0.00	0.00	0.00	0.00	
		Other	0.00	0.00	0.00	0.00	0.00	
		Insured Total	0.00	12,371.90	0.00	12,371.90	0.00	
Fiscal Year Total: 479		Indemnity	9,178.14	396,122.52	0.00	396,122.52	7.64	
		Rehab	0.00	7,237.78	0.00	7,237.78	0.00	
		Medical	2,484.76	777,907.19	125.44	778,032.63	0.00	
		Legal	0.00	37,370.36	0.00	37,370.36	0.00	
		Other	0.00	98,317.71	0.00	98,317.71	1,809.00	
		Fiscal Year Total	11,662.90	1,316,955.56	125.44	1,317,081.00	1,816.64	

Fiscal Year : 2003/2004

Insured : Alameda - JBWCP

Insured Total: 36		Indemnity	0.00	20,372.37	0.00	20,372.37	0.00	
		Rehab	0.00	0.00	0.00	0.00	0.00	
		Medical	72.97	92,513.54	0.00	92,513.54	0.00	
		Legal	0.00	848.94	0.00	848.94	0.00	
		Other	0.00	5,714.45	0.00	5,714.45	0.00	
		Insured Total	72.97	119,449.30	0.00	119,449.30	0.00	

Insured : Amador - JBWCP

Insured Total: 4		Indemnity	0.00	78.09	0.00	78.09	0.00	
		Rehab	0.00	0.00	0.00	0.00	0.00	
		Medical	0.00	8,644.79	0.00	8,644.79	0.00	
		Legal	0.00	0.00	0.00	0.00	0.00	
		Other	0.00	2,391.58	0.00	2,391.58	0.00	
		Insured Total	0.00	11,114.46	0.00	11,114.46	0.00	

Insured : Butte - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005
 Sorted by fiscal year and location

09/01/2005 - 09/30/2005

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
Fiscal Year : 2003/2004									
Insured : Butte - JBWCP									
Insured Total: 10				Indemnity	0.00	111.34	0.00	111.34	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	10,597.02	0.00	10,597.02	0.00
				Legal	0.00	0.00	0.00	0.00	0.00
				Other	0.00	2,317.45	0.00	2,317.45	0.00
				Insured Total	0.00	13,025.81	0.00	13,025.81	0.00
Insured : Calaveras - JBWCP									
Insured Total: 1				Indemnity	0.00	0.00	0.00	0.00	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	0.00	0.00	0.00	0.00
				Legal	0.00	0.00	0.00	0.00	0.00
				Other	0.00	0.00	0.00	0.00	0.00
				Insured Total	0.00	0.00	0.00	0.00	0.00
Insured : Colusa - JBWCP									
Insured Total: 1				Indemnity	0.00	0.00	0.00	0.00	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	382.63	0.00	382.63	0.00
				Legal	0.00	0.00	0.00	0.00	0.00
				Other	0.00	0.00	0.00	0.00	0.00
				Insured Total	0.00	382.63	0.00	382.63	0.00
Insured : Contra Costa - JBWCP									
Insured Total: 38				Indemnity	0.00	8,410.67	0.00	8,410.67	0.00
				Rehab	0.00	0.00	0.00	0.00	0.00
				Medical	0.00	69,344.72	0.00	69,344.72	0.00
				Legal	67.50	336.00	0.00	336.00	0.00
				Other	0.00	3,621.95	0.00	3,621.95	0.00
				Insured Total	67.50	81,713.34	0.00	81,713.34	0.00

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005
 Sorted by fiscal year and location

09/01/2005 - 09/30/2005

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2003/2004

Insured : Del Norte - JBWCP

Insured Total: 1	Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insured Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Insured : El Dorado - JBWCP

Insured Total: 6	Indemnity	0.00	81.75	0.00	81.75	0.00	81.75	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	2,723.56	0.00	2,723.56	0.00	2,723.56	0.00
	Legal	0.00	359.00	0.00	359.00	0.00	359.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insured Total	0.00	3,164.31	0.00	3,164.31	0.00	3,164.31	0.00

Insured : Fresno - JBWCP

Insured Total: 25	Indemnity	0.00	4,969.27	0.00	4,969.27	0.00	4,969.27	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	28,122.04	0.00	28,122.04	0.00	28,122.04	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	6,942.25	0.00	6,942.25	0.00	6,942.25	0.00
	Insured Total	0.00	40,033.56	0.00	40,033.56	0.00	40,033.56	0.00

Insured : Humboldt - JBWCP

Insured Total: 12	Indemnity	0.00	5,523.97	0.00	5,523.97	0.00	5,523.97	0.00
	Rehab	0.00	25.00	0.00	25.00	0.00	25.00	0.00
	Medical	78.98	21,897.37	0.00	21,897.37	0.00	21,897.37	0.00
	Legal	0.00	100.00	0.00	100.00	0.00	100.00	0.00
	Other	0.00	1,580.13	0.00	1,580.13	0.00	1,580.13	0.00
	Insured Total	78.98	29,126.47	0.00	29,126.47	0.00	29,126.47	0.00

Insured : Imperial - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005
 Sorted by fiscal year and location

09/01/2005 - 09/30/2005

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2003/2004

Insured : Imperial - JBWCP

Insured Total: 12	Indemnity	0.00	356.53	0.00	356.53	0.00	356.53	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	52.15	17,312.87	0.00	17,312.87	0.00	17,312.87	0.00
	Legal	(425.75)	4,665.20	0.00	4,665.20	0.00	4,665.20	0.00
	Other	0.00	2,650.24	0.00	2,650.24	0.00	2,650.24	0.00
	Insured Total	(373.60)	24,984.84	0.00	24,984.84	0.00	24,984.84	0.00

Insured : Kings - JBWCP

Insured Total: 4	Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,747.13	0.00	1,747.13	0.00	1,747.13	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	1,370.50	0.00	1,370.50	0.00	1,370.50	0.00
	Insured Total	0.00	3,117.63	0.00	3,117.63	0.00	3,117.63	0.00

Insured : Lake - JBWCP

Insured Total: 3	Indemnity	0.00	77.42	0.00	77.42	0.00	77.42	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	2,106.11	0.00	2,106.11	0.00	2,106.11	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	1,821.74	0.00	1,821.74	0.00	1,821.74	0.00
	Insured Total	0.00	4,005.27	0.00	4,005.27	0.00	4,005.27	0.00

Insured : Madera - JBWCP

Insured Total: 4	Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,320.26	0.00	1,320.26	0.00	1,320.26	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insured Total	0.00	1,320.26	0.00	1,320.26	0.00	1,320.26	0.00

Insured : Marin - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005
 Sorted by fiscal year and location

09/01/2005 - 09/30/2005

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2003/2004

Insured : Marin - JBWCP

Insured Total: 10		Indemnity	0.00	2,436.35	0.00	2,436.35	0.00	2,436.35	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	16,604.91	0.00	16,604.91	0.00	16,604.91	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	2,028.95	0.00	2,028.95	0.00	2,028.95	0.00
		Insured Total	0.00	21,070.21	0.00	21,070.21	0.00	21,070.21	0.00

Insured : Mendocino - JBWCP

Insured Total: 12		Indemnity	0.00	4,007.76	0.00	4,007.76	0.00	4,007.76	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	37.98	15,013.99	0.00	15,013.99	0.00	15,013.99	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	3,410.18	0.00	3,410.18	0.00	3,410.18	0.00
		Insured Total	37.98	22,431.93	0.00	22,431.93	0.00	22,431.93	0.00

Insured : Merced - JBWCP

Insured Total: 6		Indemnity	0.00	326.67	0.00	326.67	0.00	326.67	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	7,844.38	0.00	7,844.38	0.00	7,844.38	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	5,935.81	0.00	5,935.81	0.00	5,935.81	0.00
		Insured Total	0.00	14,106.86	0.00	14,106.86	0.00	14,106.86	0.00

Insured : Monterey - JBWCP

Insured Total: 7		Indemnity	0.00	833.16	0.00	833.16	0.00	833.16	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	8,014.01	0.00	8,014.01	0.00	8,014.01	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	0.00	8,847.17	0.00	8,847.17	0.00	8,847.17	0.00

Insured : Napa - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005

09/01/2005 - 09/30/2005

Sorted by fiscal year and location

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2003/2004

Insured : Napa - JBWCP

Insured Total: 4	Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	5,999.25	0.00	5,999.25	0.00	5,999.25	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insured Total	0.00	5,999.25	0.00	5,999.25	0.00	5,999.25	0.00

Insured : Nevada - JBWCP

Insured Total: 3	Indemnity	0.00	11,553.16	0.00	11,553.16	0.00	11,553.16	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	13,237.16	0.00	13,237.16	0.00	13,237.16	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	3,204.89	0.00	3,204.89	0.00	3,204.89	0.00
	Insured Total	0.00	27,995.21	0.00	27,995.21	0.00	27,995.21	0.00

Insured : Orange - JBWCP

Insured Total: 90	Indemnity	0.00	23,399.17	0.00	23,399.17	0.00	23,399.17	0.00
	Rehab	0.00	162.50	0.00	162.50	0.00	162.50	0.00
	Medical	0.00	97,179.73	0.00	97,179.73	0.00	97,179.73	0.00
	Legal	0.00	3,530.55	0.00	3,530.55	0.00	3,530.55	0.00
	Other	0.00	15,438.84	0.00	15,438.84	0.00	15,438.84	0.00
	Insured Total	0.00	139,710.79	0.00	139,710.79	0.00	139,710.79	0.00

Insured : Placer - JBWCP

Insured Total: 5	Indemnity	0.00	1,661.02	0.00	1,661.02	0.00	1,661.02	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	16,467.63	0.00	16,467.63	0.00	16,467.63	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insured Total	0.00	18,128.65	0.00	18,128.65	0.00	18,128.65	0.00

Insured : Riverside - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005
Sorted by fiscal year and location

09/01/2005 - 09/30/2005

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2003/2004

Insured : Riverside - JBWCP

Insured Total: 69		Indemnity	0.00	18,334.94	0.00	18,334.94	0.00	18,334.94	0.00
		Rehab	0.00	398.94	0.00	398.94	0.00	398.94	0.00
		Medical	107.19	102,826.67	0.00	102,826.67	0.00	102,826.67	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	2,629.54	0.00	2,629.54	0.00	2,629.54	0.00
		Insured Total	107.19	124,190.09	0.00	124,190.09	0.00	124,190.09	0.00

Insured : Sacramento - JBWCP

Insured Total: 48		Indemnity	0.00	10,406.49	0.00	10,406.49	0.00	10,406.49	0.00
		Rehab	0.00	998.00	0.00	998.00	0.00	998.00	0.00
		Medical	1,370.35	71,708.00	0.00	71,708.00	0.00	71,708.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	13,959.89	0.00	13,959.89	0.00	13,959.89	0.00
		Insured Total	1,370.35	97,072.38	0.00	97,072.38	0.00	97,072.38	0.00

Insured : San Benito - JBWCP

Insured Total: 2		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	873.48	0.00	873.48	0.00	873.48	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	0.00	873.48	0.00	873.48	0.00	873.48	0.00

Insured : San Bernardino - JBWCP

Insured Total: 59		Indemnity	0.00	19,058.85	0.00	19,058.85	0.00	19,058.85	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	275.80	82,767.65	0.00	82,767.65	0.00	82,767.65	0.00
		Legal	0.00	4,510.14	0.00	4,510.14	0.00	4,510.14	0.00
		Other	0.00	8,165.76	0.00	8,165.76	0.00	8,165.76	0.00
		Insured Total	275.80	114,502.40	0.00	114,502.40	0.00	114,502.40	0.00

Insured : San Diego - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005
 Sorted by fiscal year and location

09/01/2005 - 09/30/2005

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2003/2004

Insured : San Diego - JBWCP

Insured Total: 88			Indemnity	0.00	22,742.17	0.00	22,742.17	0.00
			Rehab	0.00	0.00	0.00	0.00	0.00
			Medical	261.91	96,787.97	0.00	96,787.97	0.00
			Legal	0.00	0.00	0.00	0.00	0.00
			Other	0.00	3,086.08	0.00	3,086.08	0.00
			Insured Total	261.91	122,616.22	0.00	122,616.22	0.00

Insured : San Francisco - JBWCP

Insured Total: 51			Indemnity	0.00	48,516.77	0.00	48,516.77	0.00
			Rehab	0.00	0.00	0.00	0.00	0.00
			Medical	80.65	122,143.01	0.00	122,143.01	0.00
			Legal	0.00	9,641.95	0.00	9,641.95	0.00
			Other	(50.80)	15,048.92	0.00	15,048.92	0.00
			Insured Total	29.85	195,350.65	0.00	195,350.65	0.00

Insured : San Joaquin - JBWCP

Insured Total: 9			Indemnity	0.00	2,972.91	0.00	2,972.91	0.00
			Rehab	0.00	0.00	0.00	0.00	0.00
			Medical	0.00	13,561.37	0.00	13,561.37	0.00
			Legal	0.00	0.00	0.00	0.00	0.00
			Other	0.00	806.25	0.00	806.25	0.00
			Insured Total	0.00	17,340.53	0.00	17,340.53	0.00

Insured : San Luis Obispo - JBWCP

Insured Total: 3			Indemnity	0.00	286.02	0.00	286.02	0.00
			Rehab	0.00	0.00	0.00	0.00	0.00
			Medical	0.00	1,332.76	0.00	1,332.76	0.00
			Legal	0.00	0.00	0.00	0.00	0.00
			Other	0.00	25.50	0.00	25.50	0.00
			Insured Total	0.00	1,644.28	0.00	1,644.28	0.00

Insured : San Mateo - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005
Sorted by fiscal year and location

09/01/2005 - 09/30/2005

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2003/2004

Insured : San Mateo - JBWCP

Insured Total: 14		Indemnity	0.00	2,924.00	0.00	2,924.00	0.00	2,924.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	35,050.14	0.00	35,050.14	0.00	35,050.14	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	1,846.78	0.00	1,846.78	0.00	1,846.78	0.00
		Insured Total	0.00	39,820.92	0.00	39,820.92	0.00	39,820.92	0.00

Insured : Santa Barbara - JBWCP

Insured Total: 18		Indemnity	0.00	200.11	0.00	200.11	0.00	200.11	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	24,334.34	0.00	24,334.34	0.00	24,334.34	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	393.02	0.00	393.02	0.00	393.02	0.00
		Insured Total	0.00	24,927.47	0.00	24,927.47	0.00	24,927.47	0.00

Insured : Santa Clara - JBWCP

Insured Total: 102		Indemnity	0.00	27,732.60	0.00	27,732.60	0.00	27,732.60	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	(1,792.43)	108,828.31	0.00	108,828.31	0.00	108,828.31	0.00
		Legal	0.00	115.00	0.00	115.00	0.00	115.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	(1,792.43)	136,675.91	0.00	136,675.91	0.00	136,675.91	0.00

Insured : Santa Cruz - JBWCP

Insured Total: 9		Indemnity	0.00	603.20	0.00	603.20	0.00	603.20	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	7,541.10	0.00	7,541.10	0.00	7,541.10	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	679.40	0.00	679.40	0.00	679.40	0.00
		Insured Total	0.00	8,823.70	0.00	8,823.70	0.00	8,823.70	0.00

Insured : Shasta - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005
 Sorted by fiscal year and location

09/01/2005 - 09/30/2005

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2003/2004

Insured : Shasta - JBWCP

Insured Total: 10		Indemnity	0.00	50,444.31	0.00	50,444.31	0.00	50,444.31	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	167,738.17	0.00	167,738.17	0.00	167,738.17	0.00
		Legal	1,577.73	7,727.76	0.00	7,727.76	0.00	7,727.76	0.00
		Other	0.00	6,828.32	0.00	6,828.32	0.00	6,828.32	0.00
		Insured Total	1,577.73	232,738.56	0.00	232,738.56	0.00	232,738.56	0.00

Insured : Sierra - JBWCP

Insured Total: 1		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	306.42	0.00	306.42	0.00	306.42	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	0.00	306.42	0.00	306.42	0.00	306.42	0.00

Insured : Siskiyou - JBWCP

Insured Total: 1		Indemnity	0.00	80.15	0.00	80.15	0.00	80.15	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	2,947.68	0.00	2,947.68	0.00	2,947.68	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	1,547.22	0.00	1,547.22	0.00	1,547.22	0.00
		Insured Total	0.00	4,575.05	0.00	4,575.05	0.00	4,575.05	0.00

Insured : Solano - JBWCP

Insured Total: 8		Indemnity	0.00	665.90	0.00	665.90	0.00	665.90	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	11,718.46	0.00	11,718.46	0.00	11,718.46	0.00
		Legal	0.00	26.42	0.00	26.42	0.00	26.42	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	0.00	12,410.78	0.00	12,410.78	0.00	12,410.78	0.00

Insured : Sonoma - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005

09/01/2005 - 09/30/2005

Sorted by fiscal year and location

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2003/2004

Insured : Sonoma - JBWCP

Insured Total: 26			Indemnity	0.00	1,681.63	0.00	1,681.63	0.00
			Rehab	0.00	0.00	0.00	0.00	0.00
			Medical	0.00	19,049.46	0.00	19,049.46	0.00
			Legal	0.00	0.00	0.00	0.00	0.00
			Other	0.00	1,035.79	0.00	1,035.79	0.00
			Insured Total	0.00	21,766.88	0.00	21,766.88	0.00

Insured : Stanislaus - JBWCP

Insured Total: 11			Indemnity	0.00	1,989.08	0.00	1,989.08	0.00
			Rehab	0.00	0.00	0.00	0.00	0.00
			Medical	0.00	13,670.89	0.00	13,670.89	0.00
			Legal	0.00	0.00	0.00	0.00	0.00
			Other	0.00	1,271.57	0.00	1,271.57	0.00
			Insured Total	0.00	16,931.54	0.00	16,931.54	0.00

Insured : Sutter - JBWCP

Insured Total: 2			Indemnity	0.00	0.00	0.00	0.00	0.00
			Rehab	0.00	0.00	0.00	0.00	0.00
			Medical	0.00	772.91	0.00	772.91	0.00
			Legal	0.00	0.00	0.00	0.00	0.00
			Other	0.00	0.00	0.00	0.00	0.00
			Insured Total	0.00	772.91	0.00	772.91	0.00

Insured : Tehama - JBWCP

Insured Total: 1			Indemnity	0.00	0.00	0.00	0.00	0.00
			Rehab	0.00	0.00	0.00	0.00	0.00
			Medical	0.00	625.00	0.00	625.00	0.00
			Legal	0.00	0.00	0.00	0.00	0.00
			Other	0.00	0.00	0.00	0.00	0.00
			Insured Total	0.00	625.00	0.00	625.00	0.00

Insured : Tulare - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005

09/01/2005 - 09/30/2005

Sorted by fiscal year and location

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2003/2004

Insured : Tulare - JBWCP

Insured Total: 16		Indemnity	0.00	95.65	0.00	95.65	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	83.07	21,241.14	0.00	21,241.14	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	3,597.49	0.00	3,597.49	0.00	0.00
		Insured Total	83.07	24,934.28	0.00	24,934.28	0.00	0.00

Insured : Tuolumne - JBWCP

Insured Total: 2		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	761.56	0.00	761.56	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	0.00	761.56	0.00	761.56	0.00	0.00

Insured : Ventura - JBWCP

Insured Total: 15		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	642.59	0.00	642.59	0.00	0.00
		Medical	0.00	29,566.66	0.00	29,566.66	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	2,794.45	0.00	2,794.45	0.00	0.00
		Insured Total	0.00	33,003.70	0.00	33,003.70	0.00	0.00

Fiscal Year Total: 859

Indemnity	0.00	292,933.48	0.00	292,933.48	0.00
Rehab	0.00	2,227.03	0.00	2,227.03	0.00
Medical	628.62	1,373,226.25	0.00	1,373,226.25	0.00
Legal	1,219.48	31,860.96	0.00	31,860.96	0.00
Other	(50.80)	122,144.94	0.00	122,144.94	0.00
Fiscal Year Total	1,797.30	1,822,392.66	0.00	1,822,392.66	0.00

Fiscal Year : 2004/2005

Insured : Alameda - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005

09/01/2005 - 09/30/2005

Sorted by fiscal year and location

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2004/2005

Insured : Alameda - JBWCP

Insured Total: 48		Indemnity	0.00	4,717.17	0.00	4,717.17	0.00	0.00
		Rehab	479.13	795.81	0.00	795.81	0.00	0.00
		Medical	1,073.59	43,749.55	0.00	43,749.55	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	1,496.37	7,568.64	0.00	7,568.64	0.00	0.00
		Insured Total	3,049.09	56,831.17	0.00	56,831.17	0.00	0.00

Insured : Amador - JBWCP

Insured Total: 1		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	493.34	0.00	493.34	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	0.00	493.34	0.00	493.34	0.00	0.00

Insured : Butte - JBWCP

Insured Total: 6		Indemnity	0.00	208.00	0.00	208.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	562.04	3,807.83	0.00	3,807.83	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	675.30	0.00	675.30	0.00	0.00
		Insured Total	562.04	4,691.13	0.00	4,691.13	0.00	0.00

Insured : Contra Costa - JBWCP

Insured Total: 33		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	45.00	344.88	0.00	344.88	0.00	0.00
		Medical	827.97	26,898.12	99.33	26,997.45	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	812.00	6,503.05	0.00	6,503.05	0.00	0.00
		Insured Total	1,684.97	33,746.05	99.33	33,845.38	0.00	0.00

Insured : Del Norte - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005
 Sorted by fiscal year and location

09/01/2005 - 09/30/2005

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2004/2005

Insured : Del Norte - JBWCP

Insured Total: 2		Indemnity	0.00	2,747.44	0.00	2,747.44	0.00	2,747.44	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	2,521.51	0.00	2,521.51	0.00	2,521.51	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	1,613.68	0.00	1,613.68	0.00	1,613.68	0.00
		Insured Total	0.00	6,882.63	0.00	6,882.63	0.00	6,882.63	0.00

Insured : El Dorado - JBWCP

Insured Total: 3		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	1,851.09	0.00	1,851.09	0.00	1,851.09	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	0.00	1,851.09	0.00	1,851.09	0.00	1,851.09	0.00

Insured : Fresno - JBWCP

Insured Total: 20		Indemnity	0.00	259.32	0.00	259.32	0.00	259.32	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	526.19	16,645.65	0.00	16,645.65	0.00	16,645.65	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	(204.88)	5,792.86	0.00	5,792.86	0.00	5,792.86	0.00
		Insured Total	321.31	22,697.83	0.00	22,697.83	0.00	22,697.83	0.00

Insured : Humboldt - JBWCP

Insured Total: 10		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	481.53	6,238.58	0.00	6,238.58	0.00	6,238.58	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	481.53	6,238.58	0.00	6,238.58	0.00	6,238.58	0.00

Insured : Imperial - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005

09/01/2005 - 09/30/2005

Sorted by fiscal year and location

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2004/2005

Insured : Imperial - JBWCP

Insured Total: 9	Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	2,822.07	0.00	2,822.07	0.00	2,822.07	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	446.86	0.00	446.86	0.00	446.86	0.00
	Insured Total	0.00	3,268.93	0.00	3,268.93	0.00	3,268.93	0.00

Insured : Kern - JBWCP

Insured Total: 13	Indemnity	0.00	61.81	0.00	61.81	0.00	61.81	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	378.76	15,851.06	0.00	15,851.06	0.00	15,851.06	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insured Total	378.76	15,912.87	0.00	15,912.87	0.00	15,912.87	0.00

Insured : Kings - JBWCP

Insured Total: 4	Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	2,627.27	0.00	2,627.27	0.00	2,627.27	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insured Total	0.00	2,627.27	0.00	2,627.27	0.00	2,627.27	0.00

Insured : Lake - JBWCP

Insured Total: 4	Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	150.00	0.00	150.00	0.00	150.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insured Total	0.00	150.00	0.00	150.00	0.00	150.00	0.00

Insured : Madera - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005
 Sorted by fiscal year and location

09/01/2005 - 09/30/2005

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2004/2005

Insured : Madera - JBWCP

Insured Total: 8			Indemnity	0.00	1,001.09	0.00	1,001.09	0.00
			Rehab	0.00	0.00	0.00	0.00	0.00
			Medical	498.92	3,768.13	0.00	3,768.13	0.00
			Legal	0.00	0.00	0.00	0.00	0.00
			Other	108.09	1,731.65	0.00	1,731.65	0.00
			Insured Total	607.01	6,500.87	0.00	6,500.87	0.00

Insured : Marin - JBWCP

Insured Total: 7			Indemnity	0.00	0.00	0.00	0.00	0.00
			Rehab	0.00	0.00	0.00	0.00	0.00
			Medical	(212.12)	1,557.90	0.00	1,557.90	0.00
			Legal	0.00	0.00	0.00	0.00	0.00
			Other	0.00	3,338.91	0.00	3,338.91	0.00
			Insured Total	(212.12)	4,896.81	0.00	4,896.81	0.00

Insured : Mendocino - JBWCP

Insured Total: 2			Indemnity	0.00	0.00	0.00	0.00	0.00
			Rehab	0.00	0.00	0.00	0.00	0.00
			Medical	85.00	1,367.09	0.00	1,367.09	0.00
			Legal	0.00	0.00	0.00	0.00	0.00
			Other	0.00	0.00	0.00	0.00	0.00
			Insured Total	85.00	1,367.09	0.00	1,367.09	0.00

Insured : Merced - JBWCP

Insured Total: 4			Indemnity	0.00	6,582.86	0.00	6,582.86	0.00
			Rehab	0.00	0.00	0.00	0.00	0.00
			Medical	0.00	4,487.31	0.00	4,487.31	0.00
			Legal	0.00	0.00	0.00	0.00	0.00
			Other	0.00	2,263.06	0.00	2,263.06	0.00
			Insured Total	0.00	13,333.23	0.00	13,333.23	0.00

Insured : Monterey - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005
 Sorted by fiscal year and location

09/01/2005 - 09/30/2005

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2004/2005

Insured : Monterey - JBWCP

Insured Total: 4	Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	5,173.53	0.00	5,173.53	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insured Total	0.00	5,173.53	0.00	5,173.53	0.00	0.00	0.00

Insured : Napa - JBWCP

Insured Total: 5	Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	393.72	4,295.84	0.00	4,295.84	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insured Total	393.72	4,295.84	0.00	4,295.84	0.00	0.00	0.00

Insured : Nevada - JBWCP

Insured Total: 4	Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	2,411.26	0.00	2,411.26	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insured Total	0.00	2,411.26	0.00	2,411.26	0.00	0.00	0.00

Insured : Orange - JBWCP

Insured Total: 76	Indemnity	1,364.79	2,134.76	0.00	2,134.76	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	3,028.79	53,595.42	0.00	53,595.42	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	509.82	1,524.82	0.00	1,524.82	0.00	0.00	0.00
	Insured Total	4,903.40	57,255.00	0.00	57,255.00	0.00	0.00	0.00

Insured : Placer - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005
 Sorted by fiscal year and location

09/01/2005 - 09/30/2005

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2004/2005

Insured : Placer - JBWCP

Insured Total: 3	Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	292.08	0.00	292.08	0.00	292.08	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insured Total	0.00	292.08	0.00	292.08	0.00	292.08	0.00

Insured : Riverside - JBWCP

Insured Total: 63	Indemnity	0.00	1,272.87	0.00	1,272.87	0.00	1,272.87	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	3,089.42	60,204.20	0.00	60,204.20	0.00	60,204.20	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	1,629.25	0.00	1,629.25	0.00	1,629.25	0.00
	Insured Total	3,089.42	63,106.32	0.00	63,106.32	0.00	63,106.32	0.00

Insured : Sacramento - JBWCP

Insured Total: 21	Indemnity	0.00	153.22	0.00	153.22	0.00	153.22	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	341.66	14,336.69	0.00	14,336.69	0.00	14,336.69	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	3,873.27	0.00	3,873.27	0.00	3,873.27	0.00
	Insured Total	341.66	18,363.18	0.00	18,363.18	0.00	18,363.18	0.00

Insured : San Benito - JBWCP

Insured Total: 1	Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	299.74	814.32	0.00	814.32	0.00	814.32	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insured Total	299.74	814.32	0.00	814.32	0.00	814.32	0.00

Insured : San Bernardino - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005
 Sorted by fiscal year and location

09/01/2005 - 09/30/2005

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2004/2005

Insured : San Bernardino - JBWCP

Insured Total: 49	Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	1,286.11	32,406.72	0.00	32,406.72	0.00	32,406.72	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	395.00	0.00	395.00	0.00	395.00	0.00
	Insured Total	1,286.11	32,801.72	0.00	32,801.72	0.00	32,801.72	0.00

Insured : San Diego - JBWCP

Insured Total: 88	Indemnity	0.00	41.79	0.00	41.79	0.00	41.79	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	7,537.96	112,101.66	0.00	112,101.66	0.00	112,101.66	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	7,527.78	0.00	7,527.78	0.00	7,527.78	0.00
	Insured Total	7,537.96	119,671.23	0.00	119,671.23	0.00	119,671.23	0.00

Insured : San Francisco - JBWCP

Insured Total: 32	Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rehab	90.00	321.50	0.00	321.50	0.00	321.50	0.00
	Medical	323.29	56,561.60	0.00	56,561.60	0.00	56,561.60	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	121.00	8,575.21	0.00	8,575.21	0.00	8,575.21	0.00
	Insured Total	534.29	65,458.31	0.00	65,458.31	0.00	65,458.31	0.00

Insured : San Joaquin - JBWCP

Insured Total: 5	Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	(104.96)	9,191.02	0.00	9,191.02	0.00	9,191.02	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	821.10	0.00	821.10	0.00	821.10	0.00
	Insured Total	(104.96)	10,012.12	0.00	10,012.12	0.00	10,012.12	0.00

Insured : San Luis Obispo - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005

09/01/2005 - 09/30/2005

Sorted by fiscal year and location

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2004/2005

Insured : San Luis Obispo - JBWCP

Insured Total: 8	Indemnity	0.00	1,908.76	0.00	1,908.76	0.00	1,908.76	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	19.00	6,199.59	0.00	6,199.59	0.00	6,199.59	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insured Total	19.00	8,108.35	0.00	8,108.35	0.00	8,108.35	0.00

Insured : San Mateo - JBWCP

Insured Total: 11	Indemnity	0.00	251.89	0.00	251.89	0.00	251.89	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	2,821.64	19,037.90	0.00	19,037.90	0.00	19,037.90	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	3,065.39	0.00	3,065.39	0.00	3,065.39	0.00
	Insured Total	2,821.64	22,355.18	0.00	22,355.18	0.00	22,355.18	0.00

Insured : Santa Barbara - JBWCP

Insured Total: 5	Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	138.00	6,168.17	0.00	6,168.17	0.00	6,168.17	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Insured Total	138.00	6,168.17	0.00	6,168.17	0.00	6,168.17	0.00

Insured : Santa Clara - JBWCP

Insured Total: 64	Indemnity	0.00	427.43	0.00	427.43	0.00	427.43	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	454.44	66,036.78	0.00	66,036.78	0.00	66,036.78	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	283.41	15,120.04	0.00	15,120.04	0.00	15,120.04	0.00
	Insured Total	737.85	81,584.25	0.00	81,584.25	0.00	81,584.25	0.00

Insured : Santa Cruz - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005

09/01/2005 - 09/30/2005

Sorted by fiscal year and location

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2004/2005

Insured : Santa Cruz - JBWCP

Insured Total: 10		Indemnity	0.00	7,887.20	0.00	7,887.20	0.00	7,887.20	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	4,705.33	0.00	4,705.33	0.00	4,705.33	0.00
		Legal	278.85	7,122.05	0.00	7,122.05	0.00	7,122.05	0.00
		Other	0.00	5,954.71	0.00	5,954.71	0.00	5,954.71	0.00
		Insured Total	278.85	25,669.29	0.00	25,669.29	0.00	25,669.29	0.00

Insured : Shasta - JBWCP

Insured Total: 10		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	946.12	13,623.26	0.00	13,623.26	0.00	13,623.26	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	963.00	0.00	963.00	0.00	963.00	0.00
		Insured Total	946.12	14,586.26	0.00	14,586.26	0.00	14,586.26	0.00

Insured : Sierra - JBWCP

Insured Total: 1		Indemnity	0.00	203.54	0.00	203.54	0.00	203.54	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	409.96	0.00	409.96	0.00	409.96	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	0.00	613.50	0.00	613.50	0.00	613.50	0.00

Insured : Siskiyou - JBWCP

Insured Total: 1		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	847.12	0.00	847.12	0.00	847.12	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	0.00	847.12	0.00	847.12	0.00	847.12	0.00

Insured : Solano - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005

09/01/2005 - 09/30/2005

Sorted by fiscal year and location

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2004/2005

Insured : Solano - JBWCP

Insured Total: 10		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	2,942.02	0.00	2,942.02	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	2,074.93	0.00	2,074.93	0.00	0.00
		Insured Total	0.00	5,016.95	0.00	5,016.95	0.00	0.00

Insured : Sonoma - JBWCP

Insured Total: 9		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	4,769.59	0.00	4,769.59	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	921.08	0.00	921.08	0.00	0.00
		Insured Total	0.00	5,690.67	0.00	5,690.67	0.00	0.00

Insured : Stanislaus - JBWCP

Insured Total: 4		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	1,769.01	0.00	1,769.01	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	0.00	1,769.01	0.00	1,769.01	0.00	0.00

Insured : Sutter - JBWCP

Insured Total: 7		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	2,998.77	0.00	2,998.77	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	153.00	0.00	153.00	0.00	0.00
		Insured Total	0.00	3,151.77	0.00	3,151.77	0.00	0.00

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005

09/01/2005 - 09/30/2005

Sorted by fiscal year and location

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2004/2005

Insured : Trinity - JBWCP

Insured Total: 1		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	1,641.50	0.00	1,641.50	0.00	1,641.50	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	551.01	0.00	551.01	0.00	551.01	0.00
		Insured Total	0.00	2,192.51	0.00	2,192.51	0.00	2,192.51	0.00

Insured : Tulare - JBWCP

Insured Total: 10		Indemnity	0.00	1,456.00	0.00	1,456.00	0.00	1,456.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	83.96	10,103.52	0.00	10,103.52	0.00	10,103.52	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	83.96	11,559.52	0.00	11,559.52	0.00	11,559.52	0.00

Insured : Tuolumne - JBWCP

Insured Total: 1		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	510.35	0.00	510.35	0.00	510.35	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	0.00	510.35	0.00	510.35	0.00	510.35	0.00

Insured : Ventura - JBWCP

Insured Total: 10		Indemnity	0.00	8,507.67	0.00	8,507.67	0.00	8,507.67	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	8,232.91	0.00	8,232.91	0.00	8,232.91	0.00
		Legal	0.00	662.00	0.00	662.00	0.00	662.00	0.00
		Other	0.00	1,281.00	0.00	1,281.00	0.00	1,281.00	0.00
		Insured Total	0.00	18,683.58	0.00	18,683.58	0.00	18,683.58	0.00

Insured : Yolo - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005

09/01/2005 - 09/30/2005

Sorted by fiscal year and location

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2004/2005

Insured : Yolo - JBWCP

Insured Total: 5		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	396.45	3,915.01	0.00	3,915.01	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	396.45	3,915.01	0.00	3,915.01	0.00	0.00
Fiscal Year Total: 692		Indemnity	1,364.79	39,822.82	0.00	39,822.82	0.00	0.00
		Rehab	614.13	1,462.19	0.00	1,462.19	0.00	0.00
		Medical	25,277.22	640,131.63	99.33	640,230.96	0.00	0.00
		Legal	278.85	7,784.05	0.00	7,784.05	0.00	0.00
		Other	3,125.81	84,364.60	0.00	84,364.60	0.00	0.00
		Fiscal Year Total	30,660.80	773,565.29	99.33	773,664.62	0.00	0.00

Fiscal Year : 2005/2006

Insured : Alameda - JBWCP

Insured Total: 2		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	260.00	260.00	0.00	260.00	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	260.00	260.00	0.00	260.00	0.00	0.00

Insured : Del Norte - JBWCP

Insured Total: 1		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	19.00	47.50	0.00	47.50	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	19.00	47.50	0.00	47.50	0.00	0.00

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005
 Sorted by fiscal year and location

09/01/2005 - 09/30/2005

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2005/2006

Insured : Imperial - JBWCP

Insured Total: 1		Indemnity			0.00	0.00	0.00	0.00	0.00
		Rehab			0.00	0.00	0.00	0.00	0.00
		Medical			179.08	296.84	0.00	296.84	0.00
		Legal			0.00	0.00	0.00	0.00	0.00
		Other			0.00	0.00	0.00	0.00	0.00
		Insured Total			179.08	296.84	0.00	296.84	0.00

Insured : Lake - JBWCP

Insured Total: 1		Indemnity			0.00	0.00	0.00	0.00	0.00
		Rehab			0.00	0.00	0.00	0.00	0.00
		Medical			0.00	0.00	0.00	0.00	0.00
		Legal			0.00	0.00	0.00	0.00	0.00
		Other			0.00	0.00	0.00	0.00	0.00
		Insured Total			0.00	0.00	0.00	0.00	0.00

Insured : Monterey - JBWCP

Insured Total: 1		Indemnity			0.00	0.00	0.00	0.00	0.00
		Rehab			0.00	0.00	0.00	0.00	0.00
		Medical			3.50	3.50	0.00	3.50	0.00
		Legal			0.00	0.00	0.00	0.00	0.00
		Other			0.00	0.00	0.00	0.00	0.00
		Insured Total			3.50	3.50	0.00	3.50	0.00

Insured : Orange - JBWCP

Insured Total: 7		Indemnity			0.00	0.00	0.00	0.00	0.00
		Rehab			0.00	0.00	0.00	0.00	0.00
		Medical			659.29	845.79	0.00	845.79	0.00
		Legal			0.00	0.00	0.00	0.00	0.00
		Other			0.00	0.00	0.00	0.00	0.00
		Insured Total			659.29	845.79	0.00	845.79	0.00

Insured : Riverside - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005

09/01/2005 - 09/30/2005

Sorted by fiscal year and location

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2005/2006

Insured : Riverside - JBWCP

Insured Total: 3									
		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	230.92	287.92	0.00	287.92	0.00	287.92	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	230.92	287.92	0.00	287.92	0.00	287.92	0.00

Insured : San Benito - JBWCP

Insured Total: 1									
		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	95.00	104.50	0.00	104.50	0.00	104.50	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	95.00	104.50	0.00	104.50	0.00	104.50	0.00

Insured : San Bernardino - JBWCP

Insured Total: 7									
		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	987.68	2,062.99	0.00	2,062.99	0.00	2,062.99	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	987.68	2,062.99	0.00	2,062.99	0.00	2,062.99	0.00

Insured : San Diego - JBWCP

Insured Total: 4									
		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	1,791.66	2,321.15	0.00	2,321.15	0.00	2,321.15	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	1,791.66	2,321.15	0.00	2,321.15	0.00	2,321.15	0.00

Insured : San Francisco - JBWCP

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005
 Sorted by fiscal year and location

09/01/2005 - 09/30/2005

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
Fiscal Year : 2005/2006									
Insured : San Francisco - JBWCP									
Insured Total: 4			Indemnity		0.00	1,560.00	0.00	1,560.00	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		1,953.02	2,211.67	0.00	2,211.67	0.00
			Legal		0.00	0.00	0.00	0.00	0.00
			Other		0.00	0.00	0.00	0.00	0.00
			Insured Total		1,953.02	3,771.67	0.00	3,771.67	0.00
Insured : San Luis Obispo - JBWCP									
Insured Total: 4			Indemnity		0.00	0.00	0.00	0.00	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		304.00	304.00	0.00	304.00	0.00
			Legal		0.00	0.00	0.00	0.00	0.00
			Other		0.00	0.00	0.00	0.00	0.00
			Insured Total		304.00	304.00	0.00	304.00	0.00
Insured : Santa Barbara - JBWCP									
Insured Total: 4			Indemnity		0.00	0.00	0.00	0.00	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		212.75	431.69	0.00	431.69	0.00
			Legal		0.00	0.00	0.00	0.00	0.00
			Other		0.00	0.00	0.00	0.00	0.00
			Insured Total		212.75	431.69	0.00	431.69	0.00
Insured : Solano - JBWCP									
Insured Total: 1			Indemnity		0.00	0.00	0.00	0.00	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		28.50	89.00	0.00	89.00	0.00
			Legal		0.00	0.00	0.00	0.00	0.00
			Other		0.00	0.00	0.00	0.00	0.00
			Insured Total		28.50	89.00	0.00	89.00	0.00

Custom Claim Summary

JBWCP Closed Claims DOI 1/1/2001 thru 9-30-2005

09/01/2005 - 09/30/2005

Sorted by fiscal year and location

<u>Claim Number/ Claim Type</u>	<u>Claimant Name/ Claimant Status</u>	<u>Injury Date/ Closed Date</u>	<u>Litigated/ Examiner</u>	<u>Denied/ Adj. Loc. Recd.</u>	<u>Paid this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Fiscal Year : 2005/2006

Insured : Ventura - JBWCP

Insured Total: 1		Indemnity	0.00	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	63.41	271.04	0.00	271.04	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00
		Insured Total	63.41	271.04	0.00	271.04	0.00	0.00
Fiscal Year Total: 42		Indemnity	0.00	1,560.00	0.00	1,560.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	6,787.81	9,537.59	0.00	9,537.59	0.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	0.00	0.00	0.00	0.00
		Fiscal Year Total	6,787.81	11,097.59	0.00	11,097.59	0.00	0.00
Grand Total: 2608		Indemnity	10,542.93	1,678,119.27	0.00	1,678,119.27	25.64	0.00
		Rehab	614.13	63,516.18	0.00	63,516.18	0.00	0.00
		Medical	35,229.57	3,635,192.62	224.77	3,635,417.39	(5,138.00)	0.00
		Legal	1,687.03	127,727.87	0.00	127,727.87	0.00	0.00
		Other	3,328.92	364,576.24	0.00	364,576.24	1,809.00	0.00
		Grand Total	51,402.58	5,869,132.18	224.77	5,869,356.95	(3,303.36)	0.00