

PERLS

This report contains confidential and proprietary Information of Travelors, and access to this report to prohibited unless expressing permitted by Travelors. This report may also confidence to consumer nonpublic personal financial or health information which is protected from unavailabled up or disclosure. This report and the Information contained therein shall not be used or further disclosed except to carry out Reportshib because purposes for which it was only any accessed on an otherwise permitted or required by law.

Premium Loss History Detail Report

Insured: county of el paso

Policy Period	d: 10/01/2008			Policy# GP0	6301634			
Line of Business	Earned/Written Premium	Number Open	Number Closed	Paid Losses Exp	Reserves Loss Exp	Total Incurred	Loss Ratio	
Properly TOTAL	\$67,616 \$61,616	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%	
Policy Period	d: 10/01/2007			Policy# GP0	6301634			
Line of Business	Earned/Written Premium	Number Open	Number Closed	Exp	Loss Exp	Total Incurred	Loss Ratio	
Property TOTAL	\$106,505 \$106,505	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%	
	d: 10/01/2006			Policy# GP 0	06301634			
Line of Business Property	Earned/Written Premium \$1 12,944	Number Open 0	Number Closed	Paid Losses Exp \$0	Reserves Loss Exp	Total Incurred \$0	Loss Ratio	
TOTAL	\$1 12,944	0	0	\$0	\$0	\$ 0	0%	
Policy Period	d: 10/01/2005	Policy# GP06301 634						
Line of Business	Earned/Written Premium	Number Open	Number Closed	Paid Losses Exp	Reserves Loss Exp	Total Incurred	Loss Ratio	
Properly	\$1 26,080	0	0	\$0	\$0	\$0	0%	
TOTAL	\$126,080	0	0	\$0	\$0	\$0	0%	
Policy Period	1: 10/01/2004			Policy# GP0	6301 634			
Line of Business	Earned/Written Premium	Number Open	Nutnber Closed		Reserves Loss Exp	Total Incurred	Loss Ratio	
Property	\$203,122	0	0	\$0	\$0	\$0	0%	
Auto-Liab	\$109,436	0	15 3	\$22,500	\$0	\$22,500	21%	
Auto-PD TOTAL	\$13,496 \$326,054	0	ა 18	\$0 \$22,500	\$0 \$0	\$0 \$22,500	0% 7 %	
Policy Period				Policy# GP0		ΨΔΔ/300	7.0	
Line of Business	Earned/Written Premium	Number Open		Paid Losses		Total Incurred	Loss Ratio	
Property	\$1	0	0	\$0	\$0	\$0	0%	
Auto-Liab	\$0	0	5	\$0	\$0	\$0	0%	
Auto-PD	\$0	0	I	\$8 17	\$0	\$817	0%	
TOTAL	\$1	0	6	\$817	\$0	\$8178	31700%	



PERLS

This report contains confidential and proprietary information of Travelers, and access to this report is profittled unless expressly permitted by Travelers. This report may also contain customer or consumer nonpublic personal financial or health information which is protected from unauthorized use or disclosure. This report and the information contained therein shall not be used or further disclosed except to carry out the permitted by University of the permitted by University of the permitted or required by law.

							-			
Policy Period	d: 1 0/01/2003			Policy# GP0)6301 119					
Line of	Earned/Written					Total	Loss			
Business	Premium	Open	Closed	Exp	Loss Exp	Incurred	Ratio			
Property	\$188,159	0	0	\$0	\$0	\$0	0%			
Inland	\$585	0	0	\$0	\$0	\$0	0%			
General Liab	\$51 , 274	0	0	\$0	\$0	\$0	0%			
Prof Liab	\$258	0	0	\$0	\$0	\$0	0%			
Auto-Liab	\$78 , 694	0	7	\$0	\$0	\$0	0%			
Auto-PD	\$23,837	0	3	\$0	\$0	\$0	0%			
TOTAL	\$342,807	0	10	\$0	\$0	\$0	0%			
Policy Period	d: 10/01/2002			Policy# GP (6301 119					
Line of	Earned/Written			Paid Losses		Total	Loss			
Business	Premium	Open	Closed	Exp	Loss Exp	Incurred	Ratio			
Property	\$224,246	0	0	\$0	\$0	\$0	0%			
Inland	\$29 , 965	0	0	\$0	\$0	\$0	0%			
General Liab	\$57,75 3	0	0	\$0	\$0	\$0	0%			
Prof Liab	\$173	0	0	\$0	\$0	\$0	0%			
Auto-Liab	\$91 , 197	0	12	\$4,654	\$0	\$4 , 654	5%			
Auto-PD	\$40,642	0	10	\$428	\$0	\$428	1%			
TOTAL	\$ 44 3 , 976	0	22	\$5,082	\$0	\$5,082	1%			
Policy Period	1: 10/01/2001			Policy# GP0	6301119					
Line of	Earned/Written	Number	Number	Paid Losses	Reserves	Total	Loss			
Business	Premium	Open	Closed	Exp	Loss Exp	Incurred	Ratio			
Property	\$1 56,002	0	1	\$4,038	\$0	\$4,038	3%			
Inland	\$24,180	0	0	\$0	\$0	\$0	0%			
General Liab	\$54,217	0	0	\$0	\$0	\$0	0%			
Auto-Liab	\$85,188	0	11	\$0	\$0	\$0	0%			
Auto-PD	\$29,235	0	3	\$3,359	\$1	\$3,360	11%			
TOTAL	\$348,822	0	15	\$7 , 397	\$1	\$7,398	2%			
Policy Period; All Terms										
Line of				Paid Losses		Total	Loss			
Business	Premium	Open	Closed	Exp	Loss Exp	Incurred	Ratio			
Property	\$1 , 184 , 675	0	I	\$4,038	\$0	\$4,038	0%			
Inland	\$54,730	0	0	\$0	\$0	\$0	0%			
General Liab	\$163,244	0	0	\$0	\$0	\$0	0%			
Prof Liab	\$43 1	0	0	\$0	\$0	\$0	0%			
Auto-Liab	\$364,515	0	50	\$27,154	\$0	\$27,154	7 %			
Auto-PD	\$107,210	0	20	\$4,604	\$1	\$4 , 605	4 %			
TOTAL	\$1,874,805	0	71	\$35,796	\$1	\$35,797	2%			

EvaluationDate: 05/2009

SAI Number(s): 7728G8087



Detail Loss Report		Losse	s From: 01/0	01/2005 To (05/06/2009
Claimant Adj Off FP Claim Number Accident Date Notice Date Close Date	O/f	Total	Claim	Medical	Ехропае
Line of Insurance: AL -AUTOMOBILE					
Policy Eff Date: 10/01/2004					
Policy Number Other: GP06301634					_
ID WAS RESPONDING TO SHOOTING CALL AND WAS WIB ON MAIN WHEN HE LOST CO	inc:	\$0.00	\$0.00	\$0.00	\$0.00
	Pd:	\$0.00	\$0.00	\$0.00	\$0.00
	O/S:	\$0.00	\$0.00	\$ 0.00	\$0.00
ID WAS CHECKING DESERT AREA AND VEERED TO THE RIGHT OF ROADWAY AND STR	Inc:	\$0.00	\$0.00	\$0.00	\$0.00
	Pd:	\$0.00	\$0.00	\$0.00	\$0.00
	O/S:	\$0.00	\$0.00	\$0.00	\$0.00
ICOUNTY OF EL PASO 7. 720 AD VIY2979 01/04/2005 03/04/2005 03/09/2005 ID EASTBOUND ON 1-10 AT AIRWAYS AND OP CUT IN FROM OF NAND STOPPED S	Inc:	\$0.00	\$0.00	\$0.00	\$0.00
	Pd:	\$0.00	\$0.00	\$0.00	\$0.00
	O/S:	\$0.00	\$0.00	\$0.0 0	\$0.00
OP TRAVELING WEST ON 1-10 LOST THE LT REAR WHEELTIRE AND IT BOUNCEDINTO E/B LANES AND STRUCK LT FRONT PORTION OF ROOF OF IV. ID VEERED LEFT (CONT)	Inc;	\$0.00	\$0.00	\$0.00	\$0.00
	Pd:	\$0.00	\$0.00	\$0.00	\$0.00
	O/S:	\$0.00	\$0.00	\$0.00	\$0.00
DAWSON DARNELL 234 AB V204974 00/10/2005 02/07/2005 06/19/2005 ATTORNEYREP LETTER RECEIVED FOR CLMT'S INJURIES	Inc; Pd: O/S;	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00
ENVIRONMENTAL REMEDIATION 220 AD V117437 02/05/2005 04/05/2005 00/10/2005 IDATTEMPTED TO STOP AND WAS UNABLETO AND COLLIDED WITH CV WHICH WAS MAKING A LEFT TURN. POLICE REPORT ATTACHED.	Inc:	58.897.00	\$8,897.00	\$0.00	\$0.00
	Pd:	\$8,897.21	\$8.89721	\$0.00	\$0.00
	O/S;	\$0.00	\$0.00	\$0.00	\$0.00
CLMTALLEGES THAT ID FAILED TO YIELD RIGHT OF WAYANDSTRUCKHER INSD STILL GATHERING INFORMATION AND IS UNABLE TO CONFIRM DETAILS AT THIS TIME.	Inc:	\$5,006.00	\$5,006.00	\$0.00	\$0.00
	Pd:	55.005.99	\$5.005.99	\$0.00	\$0.00
	OIS:	\$0.00	\$0.00	\$0.00	\$0.00
DRIVER OF INSD VEH. FAILED TO VIELD RIGHT OF WAY & COLLIDED WITH CLMT.	Inc:	\$95,000.00	\$95,000.00	-\$0.00	\$0.00
	Pd:	\$72,500.00	\$72,500.00	\$0.00	\$0.00
	OIS:	\$22.500.00	\$22,500.00	\$0.00	\$0.00

SAI Number(s): 772868087



Detail Loss Report Losses From: 01/01/2005 To 05/06/2009 FP Claim Number Claiment Adi Off Accident Date Notice Date Close Date O.C Total Claim Medical Expense Line of Insurance: AL - AUTOMOBILE Policy Eff Date: 10/01/2004 Policy Number Other: GP06301634 0.007/0005 HERNANDEZ ROS/JIZA 06/05/2005 220 AD Vivanus. 04/11/2005 \$856.00 INSURED DID NOT SEE CV. HE PULLED FROM STOP SIGN AND WAS STRUCK BY CV. SEE ATTACHED REPORTS. \$0.00 \$0.00 \$856.00 Inc: \$855.88 \$855.88 Pd: \$0.00 \$0.00 O/S: \$0.00 \$0.00 \$0.00 \$0.00 LOYA BLAS 220 10 V2H0212 08/19/2005 10/14/2005 02/03/2006 IV TRAVELING S ON DONIPHAN IN INSIDE LANE ANSWERING A POLICE CAU. OV TRAVELING 30 YARDS BEHIND \$0.00 \$0.00 \$412.00 \$412.00 Inc IV. IV SLOWED TO MAKE A U TURN, STRUCK OV Pd: \$412.24 \$412.24 \$0.00 \$0.00 \$0,00 O/S: \$0.00 \$0.00 \$0.00 TID WAS RESPONDING TO SHOOTING CALL AND WAS WIB ON MAINWHEN HE LOST CONTROL AND STRUCK CVI IN C \$4,927.00 Inc: \$4,927.00 \$0.00 \$0.00 E/B LANE, BUMPER OF IV CAME OFF AND WENT INTO ROADWAY WH Pd: \$4,927,15 \$4.927.15 \$0.00 \$0.00 O/S: \$0.00 \$0.00 \$0.00 \$0.00 Z34 AB VIU1234 01/19/2005 01/25/2005 08/01/2005 ID REAR ENDED CD WHEN HE SLOWED FOR HEAVY TRAFFIC AHEAD OF HIM. SEE ATTACHED POLICE REPORT. Inc: \$557.00 \$557.00 \$0.00 \$0.00 Pd: \$556.62 \$556.62 \$0.00 \$0.00 O/S: \$0.00 \$0.00 \$0.00 \$0.00 RACELIS ANDREW 234 A8 V1Y2980 01/04/2005 03/04/2005 ID EASTBOUND ON 1-10 AT AIRWAYS AND OP CUT IN FROM OF IV AND STOPPED SUDDENLY. ID ATTEMPTED TO SWERVE TO AVOID OP BUT COULDN T. THREE (3) INMATES ${\bf CLAI}$ Inc: \$0.00 \$0.00 \$0.00 \$0.00 \$17.100.00 \$17.100.00 Pd: \$17,100.00 \$17,100.00 O/S: \$0,00 \$0.00 \$0.00 \$0,00 220 03/04/2005 04/01/2005 C ID WAS CHECKING DESERT AREA AND VEERED TO THE RIGHT OF ROADWAY AND STRUCK A PARKED AND Inc: \$1,122,00 \$1,122,00 \$0.00 \$0.00 UNOCCUPIED VEHICLE. \$1,122,14 Pd: \$1.122.74 \$0.00 \$0.00 O/S: \$0.00 \$0.00 \$0.00 \$0.00 SCHMIDT LANDON 220 AD V2F9482 09/21/2005 09/23/2005 C ID EXITING THE COUNTY PARKING BUILDING AND STRUCK CV. WHICH WAS PARKED AND UNOCCUPIED. SEE Inc: \$484.00 5484.00 \$0.00 \$0.00 ATTACHED REPORT FROM INSURED. ALSO ATTACHED IS DAMAGE ESTIM Pd: \$484.31 5484.31 \$0.00 \$0.00 O/S: \$0.00 \$0.00 \$0.00 \$0.00 Subtotals for Policy Number Other: GP06301634 Inc: \$134,361,00 \$134,361,00 \$0.00 \$0.00 Total Claim Count 15 Pd: \$111,861.54 \$111.861.54 \$0.00 \$0.00 O/S: \$22,499.46 \$22,499,46 \$0.00 \$0.00

SAI Number(s): 772868087



Detail Loss Report							Loss	Losses From: 01/01/2005 To 05/06/2009			
Caimant	Adj Off FP	Claim Number	Accident Date	Notice Date	Close Date	0	C Total	Claim	Medical	Expense	
Line of Insurance: A L -AUTC	MOBILE										
Policy Eff Date: 10/01/2004											
Subtotals for Policy ™ Date						Inc:	\$134,361.00	\$134,361.00	\$0.00	\$0,00	
Total Claim Count: 1	5					Pd:	\$111,861.54	\$134.361.00 \$111,861,54	\$0.00 \$0.00	\$0.00 \$0.00	
						0/8:	\$22,499.46	\$22,499.46	\$0.00	\$0.00	

SAI Number(s): 7728G8087



Detail Loss Report							Losse	es From: 01/	01/2005 To	05/06/2009
Claimant Line of Insurance: AL - AUTO	Adj Off	FP Claim Number	Accident Date	Notice Date	Close Date	0	C Total	Claim	Medical	Expense
Subtotals for Line of Insuran Total Claim Count 18	ce: AL					Inc: Pd:	\$134,361.00 \$111,861.54	\$134.361.00 \$111,861.54	\$0.00 \$0.00	\$0.00 \$0.00
						O/S:	\$22,499.46	\$22,499.46	\$0.00	\$0.00

Losses as of: 05/04/2009 Run Date: 05/06/2009 Page 4

SAI Number(s): 7728G8087



Detail Loss Report							Losse	es From: 01/	01/2005 To	05/06/2009
Company of the state of the sta	off FP	Claim Number	Accident Date	Notice Date	Close Date	o	C Total	Claim	Medical	Expense
Report Grand Totals Total Claim Count: 15						Inc: Pd: O/S:	\$134,361.00 \$111.861.54 \$22.499.46	\$134.361.00 \$111,861.54 \$22,499.46	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00

Losses as of: 05/04/2009 Run Date: 05/06/2009

SAI Number(s): 772868087



Detail Loss Report			Losses From: 01/01/2005 To 05/06/2009
	Report Para		
Report Name: Detail Loss Losses From: 01/01/2005 To 05/06/2009		SAI Number(s): 7728G80	er Lieb Lieb Lieb Andre Charles
学的产品中心性的特殊的现在分词等的	CONTRACTOR OF SOME		CHOPE STATE AND AND FRANKS REPORTED
Sort Name 1. Line of Insurance 2. Policy Eff Date 3. Policy Number Other	Sort Label Une of Insurance Policy Eff Date Policy Number Other	Subtotal Page Br Y Y Y	<u>eak</u>
	Limiting Sta	tements	
	Large Loss L	imiting	
发现的股份的 基础的基础的	Drill Down Limi	ting Criteria	RESIDENCE TO SERVICE A SERVICE OF THE SERVICE OF TH

Losses as of: 05/04/2009

Run Date: 05/06/2009