

# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

ORG1 DESC : Allen County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 61</b>									
			Indemnity		0.00	93,821.46	0.00	93,821.46	(2,000.00)
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	224,976.06	0.00	224,976.06	(19,598.50)
			Legal		90.00	36,191.42	0.00	36,191.42	0.00
			Other		0.00	11,472.59	0.00	11,472.59	(12,214.66)
			<b>Total</b>		90.00	366,461.53	0.00	366,461.53	(33,813.16)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>Open Total 5</b>									
			Indemnity		0.00	4,354.62	46,500.00	50,854.62	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		1,696.12	67,867.04	52,732.96	120,600.00	(1,000.00)
			Legal		0.00	4,109.35	2,890.65	7,000.00	0.00
			Other		145.91	10,751.16	6,513.84	17,265.00	0.00
			<b>Total</b>		1,842.03	87,082.17	108,637.45	195,719.62	(1,000.00)

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

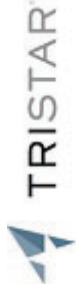
Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Re-Open Total 1		Indemnity	0.00	6,675.48	21,234.41	27,909.89	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		0.00	46,594.76	4,855.24	51,450.00	(1,000.00)
	Legal		0.00	1,230.80	7,869.20	9,100.00	0.00
	Other		0.00	3,193.33	5,686.67	8,880.00	0.00
	<b>Total</b>		<b>0.00</b>	<b>57,694.37</b>	<b>39,645.52</b>	<b>97,339.89</b>	<b>(1,000.00)</b>

Allen County Total 67		Indemnity	0.00	104,851.56	67,734.41	172,585.97	(2,000.00)
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		1,696.12	339,437.86	57,588.20	397,026.06	(21,598.50)
	Legal		90.00	41,531.57	10,759.85	52,291.42	0.00
	Other		145.91	25,417.08	12,200.51	37,617.59	(12,214.66)
	<b>Total</b>		<b>1,932.03</b>	<b>511,238.07</b>	<b>148,282.97</b>	<b>659,521.04</b>	<b>(35,813.16)</b>

**ORG1 DESC :** Anderson County  
**CLAIMANT STATUS DESC :** Closed

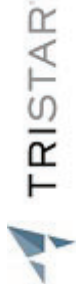
## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					
<b>Closed Total 200</b>							
	Indemnity			0.00	0.00	670,348.73	0.00
	Rehab			0.00	0.00	573.00	0.00
	Medical			0.00	0.00	808,105.76	0.00
	Legal			0.00	0.00	13,807.30	0.00
	Other			0.00	0.00	58,032.18	(3,864.70)
	<b>Total</b>			<b>0.00</b>	<b>0.00</b>	<b>1,550,866.97</b>	<b>(3,864.70)</b>

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					
<b>Closed Total 200</b>							
	Indemnity			0.00	0.00	670,348.73	0.00
	Rehab			0.00	0.00	573.00	0.00
	Medical			0.00	0.00	808,105.76	0.00
	Legal			0.00	0.00	13,807.30	0.00
	Other			0.00	0.00	58,032.18	(3,864.70)
	<b>Total</b>			<b>0.00</b>	<b>0.00</b>	<b>1,550,866.97</b>	<b>(3,864.70)</b>



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open Total 3	Indemnity	0.00	15,008.15	68,274.89	0.00
	Rehab	0.00	0.00	0.00	0.00
	Medical	0.00	5,824.80	158,604.19	0.00
	Legal	0.00	2,588.50	4,100.00	0.00
	Other	0.00	3,561.93	15,488.86	0.00
<b>Total</b>		<b>0.00</b>	<b>26,983.38</b>	<b>246,467.94</b>	<b>0.00</b>

## CLAIMANT STATUS DESC : Re-Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Re-Open Total 1</b>							
	Indemnity			0.00	6,725.03	6,725.03	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			0.00	14,113.60	26,850.00	0.00
	Legal			0.00	600.00	600.00	0.00
	Other			0.00	2,825.18	4,202.50	0.00
<b>Total</b>				<b>0.00</b>	<b>24,263.81</b>	<b>38,377.53</b>	<b>0.00</b>

### Anderson County Total 204

	Indemnity			0.00	21,733.18	745,348.65	0.00
	Rehab			0.00	0.00	573.00	0.00
	Medical			0.00	19,938.40	993,559.95	0.00
	Legal			0.00	3,188.50	18,507.30	0.00
	Other			0.00	6,387.11	77,723.54	(3,864.70)
<b>Total</b>				<b>0.00</b>	<b>51,247.19</b>	<b>1,835,712.44</b>	<b>(3,864.70)</b>

ORG1 DESC : Barber County

CLAIMANT STATUS DESC : Closed

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claimant Name	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 272</b>								
Indemnity				0.00	263,196.56	0.00	263,196.56	0.00
Rehab				0.00	0.00	0.00	0.00	0.00
Medical				0.00	393,699.53	0.00	393,699.53	0.00
Legal				0.00	13,868.90	0.00	13,868.90	0.00
Other				0.00	31,193.97	0.00	31,193.97	(2,201.73)
<b>Total</b>				<b>0.00</b>	<b>701,958.96</b>	<b>0.00</b>	<b>701,958.96</b>	<b>(2,201.73)</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>Open Total 2</b>									
	Indemnity				0.00	0.00	0.00	0.00	0.00
	Rehab				0.00	0.00	0.00	0.00	0.00
	Medical				690.82	1,357.34	3,642.66	5,000.00	0.00
	Legal				0.00	0.00	0.00	0.00	0.00
	Other				26.22	99.14	900.86	1,000.00	0.00
	<b>Total</b>				<b>717.04</b>	<b>1,456.48</b>	<b>4,543.52</b>	<b>6,000.00</b>	<b>0.00</b>

## Barber County Total 274

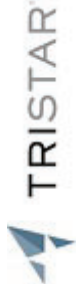
	Indemnity				0.00	263,196.56	0.00	263,196.56	0.00
	Rehab				0.00	0.00	0.00	0.00	0.00
	Medical				690.82	395,056.87	3,642.66	398,699.53	0.00
	Legal				0.00	13,868.90	0.00	13,868.90	0.00
	Other				26.22	31,293.11	900.86	32,193.97	(2,201.73)
	<b>Total</b>				<b>717.04</b>	<b>703,415.44</b>	<b>4,543.52</b>	<b>707,958.96</b>	<b>(2,201.73)</b>

ORG1 DESC : Bourbon County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Indemnity	Closed Total 298	0.00	379,725.88	0.00	379,725.88	0.00	0.00
Rehab		0.00	0.00	0.00	0.00	0.00	0.00
Medical		0.00	757,883.64	0.00	757,883.64	0.00	(14,648.00)
Legal		0.00	14,849.35	0.00	14,849.35	0.00	(5,986.67)
Other		0.00	97,889.76	0.00	97,889.76	0.00	(124,733.70)
<b>Total</b>		<b>0.00</b>	<b>1,250,348.63</b>	<b>0.00</b>	<b>1,250,348.63</b>	<b>0.00</b>	<b>(145,368.37)</b>

## CLAIMANT STATUS DESC : Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Open Total 8</b>							
Indemnity				1,705.80	190,319.27	384,372.81	0.00
Rehab				0.00	0.00	0.00	0.00
Medical				7,582.75	470,155.81	1,458,624.41	(258.82)
Legal				0.00	29,560.10	37,850.00	0.00
Other				144.24	68,356.85	167,200.00	(28,149.84)
<b>Total</b>				<b>9,432.79</b>	<b>758,392.03</b>	<b>2,048,047.22</b>	<b>(28,408.66)</b>

### Bourbon County Total 306

Indemnity				1,705.80	190,319.27	764,098.69	0.00
Rehab				0.00	0.00	0.00	0.00
Medical				7,582.75	470,155.81	2,216,508.05	(14,906.82)
Legal				0.00	29,560.10	52,699.35	(5,986.67)
Other				144.24	68,356.85	265,089.76	(152,883.54)
<b>Total</b>				<b>9,432.79</b>	<b>2,540,003.82</b>	<b>3,298,395.85</b>	<b>(173,777.03)</b>

ORG1 DESC : Brown County

CLAIMANT STATUS DESC : Closed

### Insurer: Kansas Workers Risk Cooperative for Counties

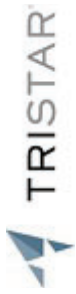
Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claim Number	Claimant Name	Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>ORG1 DESC : Butler County</b>										
<b>CLAIMANT STATUS DESC : Closed</b>										
<b>Insurer: Kansas Workers Risk Cooperative for Counties</b>										
<b>Closed Total 92</b>										
Indemnity						0.00	258,123.52	0.00	258,123.52	0.00
Rehab						0.00	0.00	0.00	0.00	0.00
Medical						259.31	382,617.33	0.00	382,617.33	0.00
Legal						0.00	9,293.80	0.00	9,293.80	0.00
Other						27.94	24,914.63	0.00	24,914.63	(944.56)
<b>Total</b>						<b>287.25</b>	<b>674,949.28</b>	<b>0.00</b>	<b>674,949.28</b>	<b>(944.56)</b>
<b>Brown County Total 92</b>										
Indemnity						0.00	258,123.52	0.00	258,123.52	0.00
Rehab						0.00	0.00	0.00	0.00	0.00
Medical						259.31	382,617.33	0.00	382,617.33	0.00
Legal						0.00	9,293.80	0.00	9,293.80	0.00
Other						27.94	24,914.63	0.00	24,914.63	(944.56)
<b>Total</b>						<b>287.25</b>	<b>674,949.28</b>	<b>0.00</b>	<b>674,949.28</b>	<b>(944.56)</b>

**ORG1 DESC : Butler County**  
**CLAIMANT STATUS DESC : Closed**

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>CLAIMANT STATUS DESC : Open</b>										
<b>Insurer: Kansas Workers Risk Cooperative for Counties</b>										
<b>Closed Total 17</b>										
Indemnity						0.00	0.00	0.00	0.00	0.00
Rehab						0.00	0.00	0.00	0.00	0.00
Medical						12.09	2,304.69	0.00	2,304.69	0.00
Legal						0.00	0.00	0.00	0.00	0.00
Other						19.17	880.41	0.00	880.41	0.00
<b>Total</b>						<b>31.26</b>	<b>3,185.10</b>	<b>0.00</b>	<b>3,185.10</b>	<b>0.00</b>

**CLAIMANT STATUS DESC : Open**

## Insurer: Kansas Workers Risk Cooperative for Counties

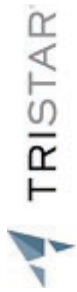
Claim Number	Claimant Name	Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>TRISTAR - Confidential</b>										

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open Total 10		Indemnity	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	8,575.27	9,338.23	27,961.77	37,300.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	184.53	385.64	9,674.36	10,060.00	0.00
<b>Total</b>			<b>8,759.80</b>	<b>9,723.87</b>	<b>37,636.13</b>	<b>47,360.00</b>	<b>0.00</b>

Butler County Total 27		Indemnity	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	8,587.36	11,642.92	27,961.77	39,604.69	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	203.70	1,266.05	9,674.36	10,940.41	0.00
<b>Total</b>			<b>8,791.06</b>	<b>12,908.97</b>	<b>37,636.13</b>	<b>50,545.10</b>	<b>0.00</b>

ORG1 DESC : Chase County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 23</b>							
		Indemnity		0.00	0.00	2,479.64	0.00
		Rehab		0.00	0.00	0.00	0.00
		Medical		0.00	0.00	15,503.29	0.00
		Legal		0.00	0.00	0.00	0.00
		Other		0.00	0.00	817.39	0.00
<b>Total</b>				<b>0.00</b>	<b>0.00</b>	<b>18,800.32</b>	<b>0.00</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 23</b>							
		Indemnity		0.00	0.00	2,479.64	0.00
		Rehab		0.00	0.00	0.00	0.00
		Medical		0.00	0.00	15,503.29	0.00
		Legal		0.00	0.00	0.00	0.00
		Other		0.00	0.00	817.39	0.00
<b>Total</b>				<b>0.00</b>	<b>0.00</b>	<b>18,800.32</b>	<b>0.00</b>

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claim Number	Claimant Name	Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Open Total 5</b>									
	Indemnity					1,322.76	23,753.76	25,076.52	0.00
	Rehab					0.00	0.00	0.00	0.00
	Medical					33,157.85	20,592.15	53,750.00	0.00
	Legal					548.70	7,951.30	8,500.00	0.00
	Other					4,075.32	4,887.18	8,962.50	0.00
	<b>Total</b>					<b>39,104.63</b>	<b>57,184.39</b>	<b>96,289.02</b>	<b>0.00</b>
<b>Chase County Total 28</b>									
	Indemnity					3,802.40	23,753.76	27,556.16	0.00
	Rehab					0.00	0.00	0.00	0.00
	Medical					48,661.14	20,592.15	69,253.29	0.00
	Legal					548.70	7,951.30	8,500.00	0.00
	Other					4,892.71	4,887.18	9,779.89	0.00
	<b>Total</b>					<b>57,904.95</b>	<b>57,184.39</b>	<b>115,089.34</b>	<b>0.00</b>

ORG1 DESC : Chautauqua County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Closed Total 97</b>									
	Indemnity					237,185.97	0.00	237,185.97	0.00
	Rehab					0.00	0.00	0.00	0.00
	Medical					447,267.95	0.00	447,267.95	0.00
	Legal					2,026.50	0.00	2,026.50	0.00
	Other					43,509.91	0.00	43,509.91	(11,977.87)
	<b>Total</b>					<b>729,990.33</b>	<b>0.00</b>	<b>729,990.33</b>	<b>(11,977.87)</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open Total 2	Indemnity	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00
	Medical	77.67	328.69	4,671.31	5,000.00
	Legal	0.00	0.00	0.00	0.00
	Other	16.43	53.04	946.96	1,000.00
<b>Total</b>		<b>94.10</b>	<b>381.73</b>	<b>5,618.27</b>	<b>6,000.00</b>

Chautauqua County Total 99	Indemnity	0.00	237,185.97	0.00	237,185.97
	Rehab	0.00	0.00	0.00	0.00
	Medical	77.67	447,596.64	4,671.31	452,267.95
	Legal	0.00	2,026.50	0.00	2,026.50
	Other	16.43	43,562.95	946.96	44,509.91
<b>Total</b>		<b>94.10</b>	<b>730,372.06</b>	<b>5,618.27</b>	<b>735,990.33</b>

ORG1 DESC : Cherokee County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 419</b>							
	Indemnity			0.00	0.00	959,649.09	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			0.00	0.00	1,207,886.05	0.00
	Legal			0.00	0.00	50,675.82	0.00
	Other			0.00	0.00	103,856.25	(33,794.04)
<b>Total</b>				<b>0.00</b>	<b>0.00</b>	<b>2,322,067.21</b>	<b>(33,794.04)</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

	Open Total 9	Indemnity Rehab Medical Legal Other	0.00 0.00 153.00 155.00 47.20	171,474.60 0.00 254,246.97 3,493.44 33,616.04	78,284.46 0.00 63,451.41 27,156.56 16,068.33	249,759.06 0.00 317,698.38 30,650.00 49,684.37	0.00 0.00 0.00 0.00 0.00
<b>Total</b>	<b>355.20</b>	<b>462,831.05</b>	<b>184,960.76</b>	<b>647,791.81</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Cherokee County Total 428</b>	<b>0.00</b>	<b>1,131,123.69</b>	<b>78,284.46</b>	<b>1,209,408.15</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
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	153.00	1,462,133.02	63,451.41	1,525,584.43	0.00	0.00	0.00
Legal	155.00	54,169.26	27,156.56	81,325.82	0.00	0.00	0.00
Other	47.20	137,472.29	16,068.33	153,540.62	0.00	0.00	0.00
<b>Total</b>	<b>355.20</b>	<b>2,784,898.26</b>	<b>184,960.76</b>	<b>2,969,859.02</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

ORG1 DESC : Cheyenne County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Closed Total 36</b>								
Indemnity					7,617.62	0.00	7,617.62	0.00
Rehab					0.00	0.00	0.00	0.00
Medical					75,139.13	0.00	75,139.13	0.00
Legal					11,684.25	0.00	11,684.25	0.00
Other					1,342.38	0.00	1,342.38	0.00
<b>Total</b>					<b>95,783.38</b>	<b>0.00</b>	<b>95,783.38</b>	<b>0.00</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Closed Total 36</b>								
Indemnity					7,617.62	0.00	7,617.62	0.00
Rehab					0.00	0.00	0.00	0.00
Medical					75,139.13	0.00	75,139.13	0.00
Legal					11,684.25	0.00	11,684.25	0.00
Other					1,342.38	0.00	1,342.38	0.00
<b>Total</b>					<b>95,783.38</b>	<b>0.00</b>	<b>95,783.38</b>	<b>0.00</b>



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open 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	751.58	3,748.42	4,500.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	31.55	868.45	900.00	0.00	0.00
<b>Total</b>		<b>0.00</b>	<b>783.13</b>	<b>4,616.87</b>	<b>5,400.00</b>	<b>0.00</b>	<b>0.00</b>

Cheyenne County Total 37	Indemnity	0.00	7,617.62	0.00	7,617.62	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	75,890.71	3,748.42	79,639.13	0.00	0.00
	Legal	0.00	11,684.25	0.00	11,684.25	0.00	0.00
	Other	0.00	1,373.93	868.45	2,242.38	0.00	0.00
<b>Total</b>		<b>0.00</b>	<b>96,566.51</b>	<b>4,616.87</b>	<b>101,183.38</b>	<b>0.00</b>	<b>0.00</b>

ORG1 DESC : Clark County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 25</b>							
	Indemnity	0.00	12,659.85	0.00	0.00	12,659.85	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	61,575.67	0.00	0.00	61,575.67	(3,651.20)
	Legal	0.00	511.50	0.00	0.00	511.50	0.00
	Other	0.00	8,197.43	0.00	0.00	8,197.43	0.00
<b>Total</b>		<b>0.00</b>	<b>82,944.45</b>	<b>0.00</b>	<b>0.00</b>	<b>82,944.45</b>	<b>(3,651.20)</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 25</b>							
	Indemnity	0.00	12,659.85	0.00	0.00	12,659.85	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	61,575.67	0.00	0.00	61,575.67	(3,651.20)
	Legal	0.00	511.50	0.00	0.00	511.50	0.00
	Other	0.00	8,197.43	0.00	0.00	8,197.43	0.00
<b>Total</b>		<b>0.00</b>	<b>82,944.45</b>	<b>0.00</b>	<b>0.00</b>	<b>82,944.45</b>	<b>(3,651.20)</b>

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open Total 2	Indemnity	428.84	47,286.52	47,715.36	0.00
	Rehab	0.00	0.00	0.00	0.00
	Medical	6,155.26	62,472.71	190,000.00	(500.00)
	Legal	0.00	1,200.00	1,200.00	0.00
	Other	762.15	9,531.35	25,400.00	0.00
<b>Total</b>		<b>7,346.25</b>	<b>120,490.58</b>	<b>264,315.36</b>	<b>(500.00)</b>

Clark County Total 27	Indemnity	428.84	47,286.52	60,375.21	0.00
	Rehab	0.00	0.00	0.00	0.00
	Medical	6,155.26	62,472.71	251,575.67	(4,151.20)
	Legal	0.00	1,200.00	1,711.50	0.00
	Other	762.15	9,531.35	33,597.43	0.00
<b>Total</b>		<b>7,346.25</b>	<b>120,490.58</b>	<b>347,259.81</b>	<b>(4,151.20)</b>

ORG1 DESC : Clay County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 279</b>							
	Indemnity			0.00	0.00	190,384.07	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			0.00	0.00	520,582.98	(15,087.26)
	Legal			0.00	0.00	7,444.00	0.00
	Other			0.00	0.00	60,202.60	(25,079.92)
<b>Total</b>				<b>0.00</b>	<b>0.00</b>	<b>778,613.65</b>	<b>(40,167.18)</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 279</b>							
	Indemnity			0.00	0.00	190,384.07	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			0.00	0.00	520,582.98	(15,087.26)
	Legal			0.00	0.00	7,444.00	0.00
	Other			0.00	0.00	60,202.60	(25,079.92)
<b>Total</b>				<b>0.00</b>	<b>0.00</b>	<b>778,613.65</b>	<b>(40,167.18)</b>



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open Total 4	Indemnity	0.00	3,044.82	46,955.18	50,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	838.90	110,372.94	115,627.06	226,000.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	32.50	13,119.37	12,880.63	26,000.00	0.00
<b>Total</b>		<b>871.40</b>	<b>126,537.13</b>	<b>176,062.87</b>	<b>302,600.00</b>	<b>0.00</b>

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Re-Open Total 1</b>							
	Indemnity			95,276.30	0.00	95,276.30	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			189,499.96	32,702.21	222,202.17	0.00
	Legal			0.00	0.00	0.00	0.00
	Other			19,114.98	885.02	20,000.00	0.00
<b>Total</b>				<b>303,891.24</b>	<b>33,587.23</b>	<b>337,478.47</b>	<b>0.00</b>

## Clay County Total 284

	Indemnity			288,705.19	46,955.18	335,660.37	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			820,455.88	148,329.27	968,785.15	(15,087.26)
	Legal			7,444.00	600.00	8,044.00	0.00
	Other			92,436.95	13,765.65	106,202.60	(25,079.92)
<b>Total</b>				<b>1,209,042.02</b>	<b>209,650.10</b>	<b>1,418,692.12</b>	<b>(40,167.18)</b>

ORG1 DESC : Cloud County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

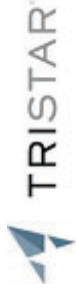
Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claimant Name	InjuryDate	Received	Examined	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 407</b>								
Indemnity		0.00			391,018.68	0.00	391,018.68	0.00
Rehab		0.00			0.00	0.00	0.00	0.00
Medical		0.00			380,784.50	0.00	380,784.50	(4,807.87)
Legal		0.00			1,376.00	0.00	1,376.00	0.00
Other		0.00			32,174.47	0.00	32,174.47	(2,972.65)
<b>Total</b>		<b>0.00</b>			<b>805,353.65</b>	<b>0.00</b>	<b>805,353.65</b>	<b>(7,780.52)</b>

## CLAIMANT STATUS DESC : Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examined	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Open Total 2</b>									
Indemnity		0.00				0.00	9,617.65	9,617.65	0.00
Rehab		0.00				0.00	0.00	0.00	0.00
Medical		658.16				1,721.01	32,728.99	34,450.00	0.00
Legal		0.00				0.00	600.00	600.00	0.00
Other		44.40				162.39	6,037.61	6,200.00	0.00
<b>Total</b>		<b>702.56</b>				<b>1,883.40</b>	<b>48,984.25</b>	<b>50,867.65</b>	<b>0.00</b>

### Cloud County Total 409

Indemnity		0.00				391,018.68	9,617.65	400,636.33	0.00
Rehab		0.00				0.00	0.00	0.00	0.00
Medical		658.16				382,505.51	32,728.99	415,234.50	(4,807.87)
Legal		0.00				1,376.00	600.00	1,976.00	0.00
Other		44.40				32,336.86	6,037.61	38,374.47	(2,972.65)
<b>Total</b>		<b>702.56</b>				<b>807,237.05</b>	<b>48,984.25</b>	<b>856,221.30</b>	<b>(7,780.52)</b>

## ORG1 DESC : Comanche County

### CLAIMANT STATUS DESC : Closed

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examined	Lit / Den	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

	Closed Total 137	Indemnity	0.00	61,181.75	0.00	61,181.75	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	185,479.61	0.00	185,479.61	0.00	0.00
		Legal	0.00	1,376.00	0.00	1,376.00	0.00	0.00
		Other	0.00	26,874.98	0.00	26,874.98	0.00	(7,532.69)
<b>Total</b>			0.00	274,912.34	0.00	274,912.34	0.00	(7,532.69)

## CLAIMANT STATUS DESC : Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Open Total 3</b>							
	Indemnity			0.00	0.00	0.00	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			587.47	4,412.53	5,000.00	0.00
	Legal			0.00	0.00	0.00	0.00
	Other			69.47	930.53	1,000.00	0.00
<b>Total</b>				656.94	5,343.06	6,000.00	0.00

### Comanche County Total 140

	Indemnity			0.00	0.00	61,181.75	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			587.47	4,412.53	190,479.61	0.00
	Legal			0.00	0.00	1,376.00	0.00
	Other			69.47	930.53	27,874.98	(7,532.69)
<b>Total</b>				656.94	5,343.06	280,912.34	(7,532.69)

## ORG1 DESC : Comanche Hospital

### CLAIMANT STATUS DESC : Closed

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claimant Name	InjuryDate	Received	Examiner	Lit / Den	Paid	this Period	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 38</b>										
Indemnity		0.00			25,411.83	0.00	25,411.83	0.00	25,411.83	0.00
Rehab		0.00			0.00	0.00	0.00	0.00	0.00	0.00
Medical		0.00			43,166.64	0.00	43,166.64	0.00	43,166.64	0.00
Legal		0.00			492.00	0.00	492.00	0.00	492.00	0.00
Other		0.00			4,142.85	0.00	4,142.85	0.00	4,142.85	0.00
<b>Total</b>		<b>0.00</b>			<b>73,213.32</b>	<b>0.00</b>	<b>73,213.32</b>	<b>0.00</b>	<b>73,213.32</b>	<b>0.00</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examiner	Lit / Den	Paid	this Period	Paid	Outstanding	Incurred	Recovery
<b>Open Total 2</b>											
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		622.03				1,114.69	622.03	3,885.31	5,000.00	5,000.00	0.00
Legal		0.00				0.00	0.00	0.00	0.00	0.00	0.00
Other		41.59				102.13	41.59	897.87	1,000.00	1,000.00	0.00
<b>Total</b>		<b>663.62</b>				<b>1,216.82</b>	<b>663.62</b>	<b>4,783.18</b>	<b>6,000.00</b>	<b>6,000.00</b>	<b>0.00</b>

## Comanche Hospital Total 40

Indemnity		0.00				25,411.83	0.00	0.00	25,411.83	0.00	0.00
Rehab		0.00				0.00	0.00	0.00	0.00	0.00	0.00
Medical		622.03				44,281.33	622.03	3,885.31	48,166.64	48,166.64	0.00
Legal		0.00				492.00	0.00	0.00	492.00	492.00	0.00
Other		41.59				4,244.98	41.59	897.87	5,142.85	5,142.85	0.00
<b>Total</b>		<b>663.62</b>				<b>74,430.14</b>	<b>663.62</b>	<b>4,783.18</b>	<b>79,213.32</b>	<b>79,213.32</b>	<b>0.00</b>

ORG1 DESC : Cowley County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examiner	Lit / Den	Paid	this Period	Paid	Outstanding	Incurred	Recovery
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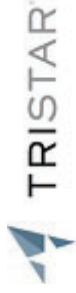
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claimant Name	InjuryDate	Received	Examined	Lit / Den	Open Total	189	Indemnity	Rehab	Medical	Legal	Other	Total
							164,130.30	0.00	0.00	0.00	0.00	164,130.30
							0.00	0.00	0.00	0.00	0.00	0.00
							324,875.91	0.00	0.00	0.00	0.00	324,875.91
							10,911.50	0.00	0.00	0.00	0.00	10,911.50
							57,122.07	0.00	0.00	0.00	0.00	57,122.07
							557,039.78	0.00	0.00	0.00	0.00	557,039.78

Claimant Name	InjuryDate	Received	Examined	Lit / Den	Open Total	8	Indemnity	Rehab	Medical	Legal	Other	Total
							60,000.00	0.00	0.00	0.00	0.00	60,000.00
							0.00	0.00	0.00	0.00	0.00	0.00
							40,407.13	1,780.93	52,542.87	0.00	0.00	92,950.00
							10,600.00	175.00	556.35	0.00	0.00	10,600.00
							11,081.46	186.77	11,006.04	0.00	0.00	22,087.50
							121,532.24	2,142.70	64,105.26	0.00	0.00	185,637.50

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examined	Lit / Den	Open Total	8	Indemnity	Rehab	Medical	Legal	Other	Total
								60,000.00	0.00	0.00	0.00	0.00	60,000.00
								0.00	0.00	0.00	0.00	0.00	0.00
								40,407.13	1,780.93	52,542.87	0.00	0.00	92,950.00
								10,600.00	175.00	556.35	0.00	0.00	10,600.00
								11,081.46	186.77	11,006.04	0.00	0.00	22,087.50
								121,532.24	2,142.70	64,105.26	0.00	0.00	185,637.50

## Cowley County Total 197

Claimant Name	InjuryDate	Received	Examined	Lit / Den	Open Total	8	Indemnity	Rehab	Medical	Legal	Other	Total
							60,000.00	0.00	0.00	0.00	0.00	60,000.00
							0.00	0.00	0.00	0.00	0.00	0.00
							40,407.13	1,780.93	377,418.78	0.00	0.00	417,825.91
							10,600.00	175.00	11,467.85	0.00	0.00	21,511.50
							11,081.46	186.77	68,128.11	0.00	0.00	79,209.57
							121,532.24	2,142.70	621,145.04	0.00	0.00	742,677.28

ORG1 DESC : DDS-GEARY COUNTY Facility

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examined	Lit / Den	Open Total	8	Indemnity	Rehab	Medical	Legal	Other	Total
								60,000.00	0.00	0.00	0.00	0.00	60,000.00
								0.00	0.00	0.00	0.00	0.00	0.00
								40,407.13	1,780.93	377,418.78	0.00	0.00	417,825.91
								10,600.00	175.00	11,467.85	0.00	0.00	21,511.50
								11,081.46	186.77	68,128.11	0.00	0.00	79,209.57
								121,532.24	2,142.70	621,145.04	0.00	0.00	742,677.28

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claim Number	Claimant Name	Claim Status	Injury Date	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>ORG1 DESC : Decatur County</b>										
<b>CLAIMANT STATUS DESC : Closed</b>										
<b>Insurer: Kansas Workers Risk Cooperative for Counties</b>										
<b>Closed Total 4</b>										
	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			5,592.43	0.00	5,592.43	0.00
	Legal			0.00			0.00	0.00	0.00	0.00
	Other			0.00			183.90	0.00	183.90	0.00
	<b>Total</b>			<b>0.00</b>			<b>5,776.33</b>	<b>0.00</b>	<b>5,776.33</b>	<b>0.00</b>
<b>DDS-GEARY COUNTY Facility Total 4</b>										
	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			5,592.43	0.00	5,592.43	0.00
	Legal			0.00			0.00	0.00	0.00	0.00
	Other			0.00			183.90	0.00	183.90	0.00
	<b>Total</b>			<b>0.00</b>			<b>5,776.33</b>	<b>0.00</b>	<b>5,776.33</b>	<b>0.00</b>

ORG1 DESC : Decatur County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Claim Status	Injury Date	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 160</b>										
	Indemnity			0.00			198,626.02	0.00	198,626.02	0.00
	Rehab			0.00			0.00	0.00	0.00	0.00
	Medical			0.00			353,178.03	0.00	353,178.03	0.00
	Legal			0.00			4,956.45	0.00	4,956.45	0.00
	Other			0.00			39,514.81	0.00	39,514.81	(25,000.00)
	<b>Total</b>			<b>0.00</b>			<b>596,275.31</b>	<b>0.00</b>	<b>596,275.31</b>	<b>(25,000.00)</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Claim Status	Injury Date	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open 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	1,956.77	1,543.23	3,500.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	113.31	586.69	700.00	0.00	0.00
<b>Total</b>		<b>0.00</b>	<b>2,070.08</b>	<b>2,129.92</b>	<b>4,200.00</b>	<b>0.00</b>	<b>0.00</b>

Decatur County Total 161	Indemnity	0.00	198,626.02	0.00	198,626.02	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	355,134.80	1,543.23	356,678.03	0.00	0.00
	Legal	0.00	4,956.45	0.00	4,956.45	0.00	0.00
	Other	0.00	39,628.12	586.69	40,214.81	0.00	(25,000.00)
<b>Total</b>		<b>0.00</b>	<b>598,345.39</b>	<b>2,129.92</b>	<b>600,475.31</b>	<b>0.00</b>	<b>(25,000.00)</b>

ORG1 DESC : Decatur Health Systems  
CLAIMANT STATUS DESC : Closed

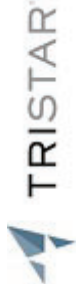
## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 88</b>							
	Indemnity	0.00	147,031.50	0.00	147,031.50	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	137,991.71	0.00	137,991.71	0.00	0.00
	Legal	0.00	3,974.50	0.00	3,974.50	0.00	0.00
	Other	0.00	39,981.80	0.00	39,981.80	0.00	(601.91)
<b>Total</b>		<b>0.00</b>	<b>328,979.51</b>	<b>0.00</b>	<b>328,979.51</b>	<b>0.00</b>	<b>(601.91)</b>

Decatur Health Systems Total 88	Indemnity	0.00	147,031.50	0.00	147,031.50	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	137,991.71	0.00	137,991.71	0.00	0.00
	Legal	0.00	3,974.50	0.00	3,974.50	0.00	0.00
	Other	0.00	39,981.80	0.00	39,981.80	0.00	(601.91)
<b>Total</b>		<b>0.00</b>	<b>328,979.51</b>	<b>0.00</b>	<b>328,979.51</b>	<b>0.00</b>	<b>(601.91)</b>

ORG1 DESC : Dickinson County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Closed Total 417</b>								
	Indemnity				627,740.12	0.00	627,740.12	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				892,639.04	0.00	892,639.04	(3,660.76)
	Legal				6,329.25	0.00	6,329.25	0.00
	Other				62,585.78	0.00	62,585.78	(104,198.93)
	<b>Total</b>				<b>1,589,294.19</b>	<b>0.00</b>	<b>1,589,294.19</b>	<b>(107,859.69)</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Open Total 9</b>								
	Indemnity				151,430.57	2,155.44	153,586.01	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				196,069.99	51,785.14	247,855.13	0.00
	Legal				14,747.05	550.00	15,297.05	0.00
	Other				13,400.57	8,479.43	21,880.00	0.00
	<b>Total</b>				<b>375,648.18</b>	<b>62,970.01</b>	<b>438,618.19</b>	<b>0.00</b>

## Dickinson County Total 426

	Indemnity				779,170.69	2,155.44	781,326.13	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				1,088,709.03	51,785.14	1,140,494.17	(3,660.76)
	Legal				21,076.30	550.00	21,626.30	0.00
	Other				75,986.35	8,479.43	84,465.78	(104,198.93)
	<b>Total</b>				<b>1,964,942.37</b>	<b>62,970.01</b>	<b>2,027,912.38</b>	<b>(107,859.69)</b>

ORG1 DESC : Doniphan County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

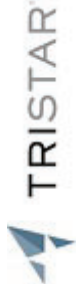
Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claim Type	Claimant Name	Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 131</b>										
	Indemnity					0.00	194,480.40	0.00	194,480.40	0.00
	Rehab					0.00	0.00	0.00	0.00	0.00
	Medical					0.00	328,602.30	0.00	328,602.30	(8,975.99)
	Legal					0.00	790.50	0.00	790.50	0.00
	Other					0.00	21,623.33	0.00	21,623.33	(20,403.94)
	<b>Total</b>					0.00	545,496.53	0.00	545,496.53	(29,379.93)

## CLAIMANT STATUS DESC : Re-Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>Re-Open Total 1</b>										
	Indemnity					0.00	0.00	9,000.00	9,000.00	0.00
	Rehab					0.00	0.00	0.00	0.00	0.00
	Medical					0.00	0.00	15,450.00	15,450.00	(403.40)
	Legal					100.00	449.90	6,550.10	7,000.00	0.00
	Other					0.00	53.50	2,299.00	2,352.50	0.00
	<b>Total</b>					100.00	503.40	33,299.10	33,802.50	(403.40)

### Doniphan County Total 132

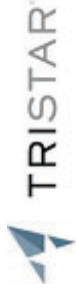
	Indemnity					0.00	194,480.40	9,000.00	203,480.40	0.00
	Rehab					0.00	0.00	0.00	0.00	0.00
	Medical					0.00	328,602.30	15,450.00	344,052.30	(9,379.39)
	Legal					100.00	1,240.40	6,550.10	7,790.50	0.00
	Other					0.00	21,676.83	2,299.00	23,975.83	(20,403.94)
	<b>Total</b>					100.00	545,999.93	33,299.10	579,299.03	(29,783.33)

## ORG1 DESC : Edwards County

### CLAIMANT STATUS DESC : Closed

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claim Number	Claimant Name	Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>ORG1 DESC : Elk County</b>									
<b>CLAIMANT STATUS DESC : Closed</b>									
<b>Insurer: Kansas Workers Risk Cooperative for Counties</b>									
<b>Closed Total 98</b>									
	Indemnity					208,371.01	0.00	208,371.01	0.00
	Rehab					0.00	0.00	0.00	0.00
	Medical					358,824.90	0.00	358,824.90	0.00
	Legal					492.00	0.00	492.00	0.00
	Other					30,515.23	0.00	30,515.23	(177.82)
	<b>Total</b>					<b>598,203.14</b>	<b>0.00</b>	<b>598,203.14</b>	<b>(177.82)</b>
<b>Edwards County Total 98</b>									
	Indemnity					208,371.01	0.00	208,371.01	0.00
	Rehab					0.00	0.00	0.00	0.00
	Medical					358,824.90	0.00	358,824.90	0.00
	Legal					492.00	0.00	492.00	0.00
	Other					30,515.23	0.00	30,515.23	(177.82)
	<b>Total</b>					<b>598,203.14</b>	<b>0.00</b>	<b>598,203.14</b>	<b>(177.82)</b>

ORG1 DESC : Elk County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>CLAIMANT STATUS DESC : Open</b>									
<b>Insurer: Kansas Workers Risk Cooperative for Counties</b>									
<b>Closed Total 131</b>									
	Indemnity					406,702.02	0.00	406,702.02	0.00
	Rehab					0.00	0.00	0.00	0.00
	Medical					418,775.68	0.00	418,775.68	(37,832.88)
	Legal					5,959.35	0.00	5,959.35	0.00
	Other					45,131.32	0.00	45,131.32	0.00
	<b>Total</b>					<b>876,568.37</b>	<b>0.00</b>	<b>876,568.37</b>	<b>(37,832.88)</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

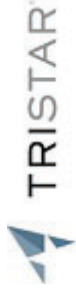
Claim Number	Claimant Name	Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>TRISTAR - Confidential</b>									

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open Total 3	Indemnity	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00
	Medical	0.00	2,301.88	5,198.12	7,500.00
	Legal	0.00	0.00	0.00	0.00
	Other	0.00	227.78	1,272.22	1,500.00
<b>Total</b>		<b>0.00</b>	<b>2,529.66</b>	<b>6,470.34</b>	<b>9,000.00</b>

## CLAIMANT STATUS DESC : Re-Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Re-Open Total 1</b>							
	Indemnity			0.00	15,000.00	30,472.79	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			223.82	92,030.78	335,350.50	(76,505.54)
	Legal			0.00	7,096.25	8,500.00	0.00
	Other			19.00	11,912.01	29,125.00	0.00
<b>Total</b>				<b>242.82</b>	<b>126,039.04</b>	<b>403,448.29</b>	<b>(76,505.54)</b>

### Elk County Total 135

	Indemnity			0.00	15,000.00	437,174.81	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			223.82	97,228.90	761,626.18	(114,338.42)
	Legal			0.00	7,096.25	14,459.35	0.00
	Other			19.00	13,184.23	75,756.32	0.00
<b>Total</b>				<b>242.82</b>	<b>132,509.38</b>	<b>1,289,016.66</b>	<b>(114,338.42)</b>

ORG1 DESC : Ellis County

CLAIMANT STATUS DESC : Closed

### Insurer: Kansas Workers Risk Cooperative for Counties

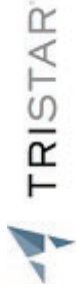
Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claimant Name	InjuryDate	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 338</b>								
Indemnity		0.00			302,510.31	0.00	302,510.31	0.00
Rehab		0.00			0.00	0.00	0.00	0.00
Medical		0.00			681,231.55	0.00	681,231.55	0.00
Legal		0.00			8,014.60	0.00	8,014.60	0.00
Other		0.00			57,239.18	0.00	57,239.18	(57,317.78)
<b>Total</b>		<b>0.00</b>			<b>1,048,995.64</b>	<b>0.00</b>	<b>1,048,995.64</b>	<b>(57,317.78)</b>

## CLAIMANT STATUS DESC : Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Open Total 7</b>									
Indemnity			1,077.98			9,731.86	6,288.14	16,020.00	0.00
Rehab			0.00			0.00	0.00	0.00	0.00
Medical			3,138.24			11,825.23	25,124.77	36,950.00	0.00
Legal			0.00			0.00	600.00	600.00	0.00
Other			185.10			1,122.88	5,377.12	6,500.00	0.00
<b>Total</b>			<b>4,401.32</b>			<b>22,679.97</b>	<b>37,390.03</b>	<b>60,070.00</b>	<b>0.00</b>

## CLAIMANT STATUS DESC : Re-Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Re-Open Total 1</b>									
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			2,872.75	627.25	3,500.00	0.00
Legal			0.00			0.00	0.00	0.00	0.00
Other			0.00			566.02	633.98	1,200.00	0.00
<b>Total</b>			<b>0.00</b>			<b>3,438.77</b>	<b>1,261.23</b>	<b>4,700.00</b>	<b>0.00</b>





# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Ellis County Total 346		Indemnity	1,077.98	312,242.17	6,288.14	318,530.31	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		3,138.24	695,929.53	25,752.02	721,681.55	0.00
	Legal		0.00	8,014.60	600.00	8,614.60	0.00
	Other		185.10	58,928.08	6,011.10	64,939.18	(57,317.78)
	<b>Total</b>		<b>4,401.32</b>	<b>1,075,114.38</b>	<b>38,651.26</b>	<b>1,113,765.64</b>	<b>(57,317.78)</b>

ORG1 DESC : Ellsworth County  
CLAIMANT STATUS DESC : Closed

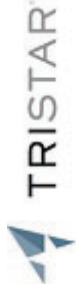
## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 264</b>							
	Indemnity			0.00	0.00	350,074.01	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			708,213.74	0.00	708,213.74	(188,250.83)
	Legal			42,272.91	0.00	42,272.91	0.00
	Other			64,445.83	0.00	64,445.83	0.00
	<b>Total</b>			<b>0.00</b>	<b>0.00</b>	<b>1,165,006.49</b>	<b>(188,250.83)</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Open Total 2</b>							
	Indemnity			0.00	0.00	0.00	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			43.15	7,856.85	7,900.00	0.00
	Legal			0.00	0.00	0.00	0.00
	Other			0.00	2,200.00	2,200.00	0.00
	<b>Total</b>			<b>43.15</b>	<b>10,056.85</b>	<b>10,100.00</b>	<b>0.00</b>



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Ellsworth County Total 266		Indemnity	0.00	350,074.01	0.00	350,074.01	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	43.15	708,256.89	7,856.85	716,113.74	(188,250.83)	0.00
	Legal	0.00	42,272.91	0.00	42,272.91	0.00	0.00
	Other	0.00	64,445.83	2,200.00	66,645.83	0.00	0.00
<b>Total</b>		<b>43.15</b>	<b>1,165,049.64</b>	<b>10,056.85</b>	<b>1,175,106.49</b>	<b>(188,250.83)</b>	

ORG1 DESC : Ellsworth County RWD No 1

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 5</b>							
	Indemnity	0.00	11,108.88	0.00	0.00	11,108.88	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	29,155.53	0.00	0.00	29,155.53	(2,000.00)
	Legal	0.00	524.50	0.00	0.00	524.50	0.00
	Other	0.00	1,342.92	0.00	0.00	1,342.92	(304.49)
<b>Total</b>		<b>0.00</b>	<b>42,131.83</b>	<b>0.00</b>	<b>0.00</b>	<b>42,131.83</b>	<b>(2,304.49)</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Open Total 1</b>							
	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	874.86	1,625.14	2,500.00	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	84.45	415.55	500.00	500.00	0.00
<b>Total</b>		<b>0.00</b>	<b>959.31</b>	<b>2,040.69</b>	<b>3,000.00</b>	<b>3,000.00</b>	<b>0.00</b>



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Ellsworth County RWD No 1 Total 6		Indemnity	0.00	11,108.88	0.00	11,108.88	0.00	11,108.88	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	30,030.39	1,625.14	31,655.53	0.00	31,655.53	(2,000.00)
		Legal	0.00	524.50	0.00	524.50	0.00	524.50	0.00
		Other	0.00	1,427.37	415.55	1,842.92	0.00	1,842.92	(304.49)
		<b>Total</b>	<b>0.00</b>	<b>43,091.14</b>	<b>2,040.69</b>	<b>45,131.83</b>	<b>0.00</b>	<b>45,131.83</b>	<b>(2,304.49)</b>

ORG1 DESC : Finney County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 50</b>							
				0.00	0.00	0.00	0.00
				0.00	0.00	0.00	0.00
				13,028.95	0.00	13,028.95	0.00
				0.00	0.00	0.00	0.00
				1,624.38	0.00	1,624.38	0.00
				<b>0.00</b>	<b>0.00</b>	<b>14,653.33</b>	<b>0.00</b>

CLAIMANT STATUS DESC : Open

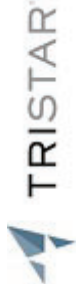
## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Open Total 16</b>							
				0.00	27,815.59	48,915.16	0.00
				0.00	0.00	0.00	0.00
				1,386.02	46,210.10	115,950.00	0.00
				505.00	803.00	1,800.00	0.00
				88.51	16,226.61	19,220.00	0.00
				<b>1,979.53</b>	<b>91,055.30</b>	<b>185,885.16</b>	<b>0.00</b>

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Re-Open Total 1</b>								
	Indemnity		0.00		0.00	0.00	0.00	0.00
	Rehab		0.00		0.00	0.00	0.00	0.00
	Medical		1,671.16		1,671.16	828.84	2,500.00	0.00
	Legal		0.00		0.00	0.00	0.00	0.00
	Other		0.00		0.00	500.00	500.00	0.00
	<b>Total</b>		<b>1,671.16</b>		<b>1,671.16</b>	<b>1,328.84</b>	<b>3,000.00</b>	<b>0.00</b>
<b>Finney County Total 67</b>								
	Indemnity		0.00		21,099.57	27,815.59	48,915.16	0.00
	Rehab		0.00		0.00	0.00	0.00	0.00
	Medical		3,057.18		84,440.01	47,038.94	131,478.95	0.00
	Legal		505.00		997.00	803.00	1,800.00	0.00
	Other		88.51		4,617.77	16,726.61	21,344.38	0.00
	<b>Total</b>		<b>3,650.69</b>		<b>111,154.35</b>	<b>92,384.14</b>	<b>203,538.49</b>	<b>0.00</b>

ORG1 DESC : Ford County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Closed Total 560</b>								
	Indemnity		0.00		1,057,874.32	0.00	1,057,874.32	0.00
	Rehab		0.00		0.00	0.00	0.00	0.00
	Medical		0.00		949,508.90	0.00	949,508.90	(3,873.46)
	Legal		0.00		22,006.80	0.00	22,006.80	0.00
	Other		0.00		93,625.39	0.00	93,625.39	(39,155.80)
	<b>Total</b>		<b>0.00</b>		<b>2,123,015.41</b>	<b>0.00</b>	<b>2,123,015.41</b>	<b>(43,029.26)</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

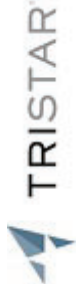
Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open Total 12	Indemnity	13.10	18,593.86	141,486.14	160,080.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,091.00	253,852.58	143,997.42	397,850.00	0.00
	Legal	0.00	0.00	28,400.00	28,400.00	0.00
	Other	241.76	18,182.82	28,432.18	46,615.00	0.00
<b>Total</b>		<b>3,345.86</b>	<b>290,629.26</b>	<b>342,315.74</b>	<b>632,945.00</b>	<b>0.00</b>

## CLAIMANT STATUS DESC : Re-Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim_Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Re-Open Total 1</b>								
	Indemnity				0.00	2,000.00	2,000.00	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				188.40	3,000.00	3,188.40	0.00
	Legal				0.00	2,000.00	2,000.00	0.00
	Other				19.10	90.50	109.60	0.00
<b>Total</b>					<b>0.00</b>	<b>7,090.50</b>	<b>7,298.00</b>	<b>0.00</b>

### Ford County Total 573

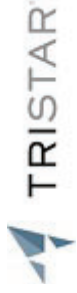
	Indemnity				13.10	143,486.14	1,219,954.32	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				3,091.00	146,997.42	1,350,547.30	(3,873.46)
	Legal				0.00	30,400.00	52,406.80	0.00
	Other				241.76	28,522.68	140,349.99	(39,155.80)
<b>Total</b>					<b>3,345.86</b>	<b>349,406.24</b>	<b>2,763,258.41</b>	<b>(43,029.26)</b>

## ORG1 DESC : Franklin County

### CLAIMANT STATUS DESC : Closed

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim_Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

	Indemnity	0.00	942,235.05	0.00	942,235.05	0.00	942,235.05
<b>Closed Total 732</b>	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	(1,552.22)	1,382,671.04	0.00	1,382,671.04	0.00	1,382,671.04
	Legal	0.00	41,032.45	0.00	41,032.45	0.00	41,032.45
	Other	0.00	152,235.19	0.00	152,235.19	0.00	152,235.19
<b>Total</b>		(1,552.22)	2,518,173.73	0.00	2,518,173.73	0.00	(40,077.61)

**CLAIMANT STATUS DESC : Open**

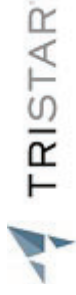
## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Injury Date	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Open Total 13</b>							
	Indemnity			0.00	127,077.36	298,401.96	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			4,844.48	81,883.18	350,500.00	0.00
	Legal			200.00	17,474.10	18,205.00	0.00
	Other			325.40	28,682.86	69,947.50	0.00
<b>Total</b>				5,369.88	255,117.50	737,054.46	0.00

**CLAIMANT STATUS DESC : Re-Open**

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Injury Date	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Re-Open Total 2</b>							
	Indemnity			0.00	13,000.00	52,780.00	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			0.00	9,051.76	40,576.20	0.00
	Legal			0.00	6,500.00	6,500.00	0.00
	Other			0.00	3,321.00	8,530.02	0.00
<b>Total</b>				0.00	31,872.76	108,386.22	0.00



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Franklin County Total 747		Indemnity	0.00	1,153,339.65	140,077.36	1,293,417.01	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	3,292.26	1,682,812.30	90,934.94	1,773,747.24	(17,114.66)	0.00
	Legal	200.00	41,763.35	23,974.10	65,737.45	0.00	0.00
	Other	325.40	198,708.85	32,003.86	230,712.71	(22,962.95)	0.00
	<b>Total</b>	<b>3,817.66</b>	<b>3,076,624.15</b>	<b>286,990.26</b>	<b>3,363,614.41</b>	<b>(40,077.61)</b>	

ORG1 DESC : Geary County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 773</b>							
	Indemnity	0.00	828,652.93	0.00	828,652.93	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,379,773.57	0.00	1,379,773.57	(49,476.59)	0.00
	Legal	0.00	40,400.79	0.00	40,400.79	(33.50)	0.00
	Other	9.50	192,148.77	0.00	192,148.77	(30,701.97)	0.00
	<b>Total</b>	<b>9.50</b>	<b>2,440,976.06</b>	<b>0.00</b>	<b>2,440,976.06</b>	<b>(80,212.06)</b>	

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Open Total 17</b>							
	Indemnity	4,685.01	5,873.59	52,952.99	58,826.58	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	6,308.22	13,465.92	116,684.08	130,150.00	0.00	0.00
	Legal	0.00	0.00	20,700.00	20,700.00	0.00	0.00
	Other	5,166.35	7,119.85	19,380.15	26,500.00	0.00	0.00
	<b>Total</b>	<b>16,159.58</b>	<b>26,459.36</b>	<b>209,717.22</b>	<b>236,176.58</b>	<b>0.00</b>	



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Geary County Total 790		Indemnity	4,685.01	834,526.52	52,952.99	887,479.51	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		6,308.22	1,393,239.49	116,684.08	1,509,923.57	(49,476.59)
	Legal		0.00	40,400.79	20,700.00	61,100.79	(33.50)
	Other		5,175.85	199,268.62	19,380.15	218,648.77	(30,701.97)
	<b>Total</b>		16,169.08	2,467,435.42	209,717.22	2,677,152.64	(80,212.06)

ORG1 DESC : Gove County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					
<b>Closed Total 89</b>							
	Indemnity		0.00	465,859.82	0.00	465,859.82	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		0.00	332,445.28	0.00	332,445.28	0.00
	Legal		0.00	20,505.17	0.00	20,505.17	0.00
	Other		0.00	45,246.43	0.00	45,246.43	(5,352.49)
	<b>Total</b>		0.00	864,056.70	0.00	864,056.70	(5,352.49)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					
<b>Open Total 2</b>							
	Indemnity		0.00	9,946.41	87,561.86	97,508.27	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		0.00	281,033.24	16,282.37	297,315.61	0.00
	Legal		492.00	870.80	9,279.20	10,150.00	0.00
	Other		0.00	25,738.49	22,136.51	47,875.00	0.00
	<b>Total</b>		492.00	317,588.94	135,259.94	452,848.88	0.00





# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Gove County Total 91		Indemnity	0.00	475,806.23	87,561.86	563,368.09	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	613,478.52	16,282.37	629,760.89	0.00
		Legal	492.00	21,375.97	9,279.20	30,655.17	0.00
		Other	0.00	70,984.92	22,136.51	93,121.43	(5,352.49)
	<b>Total</b>		<b>492.00</b>	<b>1,181,645.64</b>	<b>135,259.94</b>	<b>1,316,905.58</b>	<b>(5,352.49)</b>

ORG1 DESC : Graham County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 39</b>							
	Indemnity			0.00	0.00	56,095.87	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			0.00	0.00	89,755.01	0.00
	Legal			0.00	0.00	0.00	0.00
	Other			0.00	0.00	7,693.89	0.00
	<b>Total</b>			<b>0.00</b>	<b>0.00</b>	<b>153,544.77</b>	<b>0.00</b>

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Re-Open Total 1</b>							
	Indemnity			0.00	0.00	23,843.31	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			0.00	1,195.00	57,346.55	0.00
	Legal			0.00	0.00	0.00	0.00
	Other			0.00	470.05	4,754.40	0.00
	<b>Total</b>			<b>0.00</b>	<b>1,665.05</b>	<b>85,944.26</b>	<b>0.00</b>



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Graham County Total 40		Indemnity	0.00	79,939.18	0.00	79,939.18	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	145,906.56	1,195.00	147,101.56	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	11,978.24	470.05	12,448.29	0.00	0.00
	<b>Total</b>	0.00	237,823.98	1,665.05	239,489.03	0.00	0.00

ORG1 DESC : Grant County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 276</b>							
	Indemnity	0.00	161,485.05	0.00	161,485.05	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	512,613.14	0.00	512,613.14	(13,770.43)	0.00
	Legal	0.00	392.00	0.00	392.00	0.00	0.00
	Other	0.00	19,379.77	0.00	19,379.77	0.00	0.00
	<b>Total</b>	0.00	693,869.96	0.00	693,869.96	(13,770.43)	0.00

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Open Total 4</b>							
	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	1,947.73	3,418.46	6,581.54	10,000.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	93.08	188.09	1,811.91	2,000.00	0.00	0.00
	<b>Total</b>	2,040.81	3,606.55	8,393.45	12,000.00	0.00	0.00

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Grant County Total 280		Indemnity	0.00	161,485.05	0.00	161,485.05	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	1,947.73	516,031.60	6,581.54	522,613.14	(13,770.43)	0.00
	Legal	0.00	392.00	0.00	392.00	0.00	0.00
	Other	93.08	19,567.86	1,811.91	21,379.77	0.00	0.00
<b>Total</b>		2,040.81	697,476.51	8,393.45	705,869.96	(13,770.43)	

ORG1 DESC : Gray County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 198</b>							
	Indemnity	0.00	355,442.60	0.00	0.00	355,442.60	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	581,267.71	0.00	0.00	581,267.71	(18,439.57)
	Legal	0.00	25,002.82	0.00	0.00	25,002.82	0.00
	Other	0.00	42,612.65	0.00	0.00	42,612.65	0.00
<b>Total</b>		0.00	1,004,325.78	0.00	0.00	1,004,325.78	(18,439.57)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Open Total 3</b>							
	Indemnity	0.00	32,993.96	87,978.13	120,972.09	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	19,264.35	101,183.34	21,366.66	122,550.00	0.00	0.00
	Legal	0.00	913.15	16,586.85	17,500.00	0.00	0.00
	Other	(4,718.80)	14,979.68	11,455.32	26,435.00	0.00	0.00
<b>Total</b>		14,545.55	150,070.13	137,386.96	287,457.09	0.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Gray County Total 201	Indemnity	0.00	388,436.56	87,978.13	476,414.69	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	19,264.35	682,451.05	21,366.66	703,817.71	(118,439.57)
	Legal	0.00	25,915.97	16,586.85	42,502.82	0.00
	Other	(4,718.80)	57,592.33	11,455.32	69,047.65	0.00
<b>Total</b>		14,545.55	1,154,395.91	137,386.96	1,291,782.87	(118,439.57)

ORG1 DESC : Greenwood County

CLAIMANT STATUS DESC : Closed

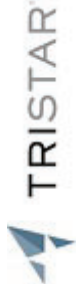
## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 189</b>							
	Indemnity			0.00	0.00	575,022.21	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			0.00	0.00	625,181.89	0.00
	Legal			0.00	0.00	4,593.70	0.00
	Other			9.50	0.00	71,236.38	(5,183.55)
<b>Total</b>				9.50	0.00	1,276,034.18	(5,183.55)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Open Total 5</b>							
	Indemnity			0.00	0.00	43,044.46	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			374.53	8,257.08	67,482.93	0.00
	Legal			0.00	0.00	216.00	0.00
	Other			59.10	2,002.55	18,120.96	0.00
<b>Total</b>				433.63	10,259.63	128,864.35	0.00



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Greenwood County Total 194		Indemnity	0.00	618,066.67	0.00	618,066.67	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	374.53	684,407.74	8,257.08	692,664.82	0.00	0.00
	Legal	0.00	4,809.70	0.00	4,809.70	0.00	0.00
	Other	68.60	87,354.79	2,002.55	89,357.34	(5,183.55)	(5,183.55)
	<b>Total</b>	<b>443.13</b>	<b>1,394,638.90</b>	<b>10,259.63</b>	<b>1,404,898.53</b>		<b>(5,183.55)</b>

ORG1 DESC : Hamilton County  
CLAIMANT STATUS DESC : Closed

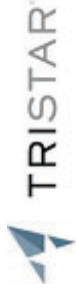
## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 245</b>							
	Indemnity	0.00	173,148.20	0.00	0.00	173,148.20	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	367,643.90	0.00	0.00	367,643.90	0.00
	Legal	0.00	9,580.00	0.00	0.00	9,580.00	0.00
	Other	0.00	24,988.98	0.00	0.00	24,988.98	0.00
	<b>Total</b>	<b>0.00</b>	<b>575,361.08</b>	<b>0.00</b>	<b>0.00</b>	<b>575,361.08</b>	<b>0.00</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Open Total 3</b>							
	Indemnity	0.00	14,564.02	24,749.90	39,313.92	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	3,706.95	41,878.63	17,871.37	59,750.00	0.00	0.00
	Legal	0.00	0.00	1,200.00	1,200.00	0.00	0.00
	Other	79.51	3,180.77	7,519.23	10,700.00	0.00	0.00
	<b>Total</b>	<b>3,786.46</b>	<b>59,623.42</b>	<b>51,340.50</b>	<b>110,963.92</b>		<b>0.00</b>



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Hamilton County Total 248		Indemnity	0.00	187,712.22	24,749.90	212,462.12	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	3,706.95	409,522.53	17,871.37	427,393.90	0.00	0.00
	Legal	0.00	9,580.00	1,200.00	10,780.00	0.00	0.00
	Other	79.51	28,169.75	7,519.23	35,688.98	0.00	0.00
	<b>Total</b>	3,786.46	634,984.50	51,340.50	686,325.00	0.00	0.00

ORG1 DESC : Hamilton Health Systems  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

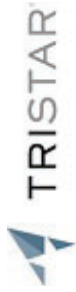
Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 135</b>							
	Indemnity			0.00	0.00	243,887.96	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			0.00	0.00	342,466.75	0.00
	Legal			0.00	0.00	590.50	0.00
	Other			0.00	0.00	29,170.17	0.00
	<b>Total</b>			0.00	0.00	616,115.38	0.00

ORG1 DESC : Harper County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 135</b>							
	Indemnity			0.00	0.00	243,887.96	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			0.00	0.00	342,466.75	0.00
	Legal			0.00	0.00	590.50	0.00
	Other			0.00	0.00	29,170.17	0.00
	<b>Total</b>			0.00	0.00	616,115.38	0.00

ORG1 DESC : Harper County  
CLAIMANT STATUS DESC : Closed



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claimant Name	InjuryDate	Received	Examined	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 424</b>								
Indemnity		0.00			705,853.84	0.00	705,853.84	0.00
Rehab		0.00			0.00	0.00	0.00	0.00
Medical		0.00			985,941.25	0.00	985,941.25	0.00
Legal		0.00			2,742.81	0.00	2,742.81	0.00
Other		0.00			96,345.98	0.00	96,345.98	(10,299.81)
<b>Total</b>		<b>0.00</b>			<b>1,790,883.88</b>	<b>0.00</b>	<b>1,790,883.88</b>	<b>(10,299.81)</b>

## CLAIMANT STATUS DESC : Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examined	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Open Total 2</b>									
Indemnity		0.00				0.00	23,755.70	23,755.70	0.00
Rehab		0.00				0.00	0.00	0.00	0.00
Medical		0.00				12,893.69	17,166.31	30,060.00	0.00
Legal		0.00				1,316.90	3,683.10	5,000.00	0.00
Other		0.00				434.77	4,977.23	5,412.00	0.00
<b>Total</b>		<b>0.00</b>				<b>14,645.36</b>	<b>49,582.34</b>	<b>64,227.70</b>	<b>0.00</b>

### Harper County Total 426

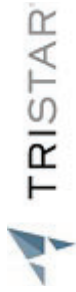
Indemnity		0.00				705,853.84	23,755.70	729,609.54	0.00
Rehab		0.00				0.00	0.00	0.00	0.00
Medical		0.00				998,834.94	17,166.31	1,016,001.25	0.00
Legal		0.00				4,059.71	3,683.10	7,742.81	0.00
Other		0.00				96,780.75	4,977.23	101,757.98	(10,299.81)
<b>Total</b>		<b>0.00</b>				<b>1,805,529.24</b>	<b>49,582.34</b>	<b>1,855,111.58</b>	<b>(10,299.81)</b>

## ORG1 DESC : Harvey County

### CLAIMANT STATUS DESC : Closed

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examined	Lit / Den	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claimant Name	Injury Date	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 279</b>								
Indemnity		0.00			645,289.16	0.00	645,289.16	0.00
Rehab		0.00			0.00	0.00	0.00	0.00
Medical		0.00			563,156.49	0.00	563,156.49	(3,296.65)
Legal		0.00			45,617.45	0.00	45,617.45	0.00
Other		0.00			61,790.20	0.00	61,790.20	(4,524.15)
<b>Total</b>		<b>0.00</b>			<b>1,315,853.30</b>	<b>0.00</b>	<b>1,315,853.30</b>	<b>(7,820.80)</b>

## CLAIMANT STATUS DESC : Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Injury Date	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Open Total 1</b>									
Indemnity		0.00				49,922.80	70,482.20	120,405.00	0.00
Rehab		0.00				0.00	0.00	0.00	0.00
Medical		0.00				86,777.39	236,309.10	323,086.49	0.00
Legal		0.00				1,878.50	11,621.50	13,500.00	0.00
Other		0.00				12,544.58	3,955.42	16,500.00	0.00
<b>Total</b>		<b>0.00</b>				<b>151,123.27</b>	<b>322,368.22</b>	<b>473,491.49</b>	<b>0.00</b>

## CLAIMANT STATUS DESC : Re-Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Injury Date	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Re-Open Total 1</b>									
Indemnity		0.00				4,604.04	0.00	4,604.04	0.00
Rehab		0.00				0.00	0.00	0.00	0.00
Medical		0.00				63,274.74	6,225.26	69,500.00	0.00
Legal		0.00				0.00	0.00	0.00	0.00
Other		0.00				2,641.72	358.28	3,000.00	0.00
<b>Total</b>		<b>0.00</b>				<b>70,520.50</b>	<b>6,583.54</b>	<b>77,104.04</b>	<b>0.00</b>





# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Harvey County Total 281		Indemnity	0.00	699,816.00	70,482.20	770,298.20	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	713,208.62	242,534.36	955,742.98	(3,296.65)	0.00
	Legal	0.00	47,495.95	11,621.50	59,117.45	0.00	0.00
	Other	0.00	76,976.50	4,313.70	81,290.20	(4,524.15)	0.00
	<b>Total</b>	0.00	1,537,497.07	328,951.76	1,866,448.83	(7,820.80)	0.00

**ORG1 DESC :** Harvey-Marion CDDO  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 2</b>							
	Indemnity			0.00	0.00	0.00	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			541.27	0.00	541.27	0.00
	Legal			0.00	0.00	0.00	0.00
	Other			15.51	0.00	15.51	0.00
	<b>Total</b>			556.78	0.00	556.78	0.00

**ORG1 DESC :** Haskell County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Harvey-Marion CDDO Total 2</b>							
	Indemnity			0.00	0.00	0.00	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			541.27	0.00	541.27	0.00
	Legal			0.00	0.00	0.00	0.00
	Other			15.51	0.00	15.51	0.00
	<b>Total</b>			556.78	0.00	556.78	0.00



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claimant Name	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 84</b>								
Indemnity				0.00	170,962.73	0.00	170,962.73	0.00
Rehab				0.00	0.00	0.00	0.00	0.00
Medical				0.00	537,203.06	0.00	537,203.06	0.00
Legal				0.00	1,276.00	0.00	1,276.00	0.00
Other				0.00	20,505.03	0.00	20,505.03	(41,425.31)
<b>Total</b>				<b>0.00</b>	<b>729,946.82</b>	<b>0.00</b>	<b>729,946.82</b>	<b>(41,425.31)</b>

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>Re-Open Total 2</b>									
Indemnity					0.00	97,297.88	8,518.28	105,816.16	0.00
Rehab					0.00	0.00	0.00	0.00	0.00
Medical					0.00	179,937.93	11,224.46	191,162.39	0.00
Legal					0.00	0.00	600.00	600.00	0.00
Other					0.00	8,992.33	2,631.18	11,623.51	0.00
<b>Total</b>					<b>0.00</b>	<b>286,228.14</b>	<b>22,973.92</b>	<b>309,202.06</b>	<b>0.00</b>

## Haskell County Total 86

Indemnity					0.00	268,260.61	8,518.28	276,778.89	0.00
Rehab					0.00	0.00	0.00	0.00	0.00
Medical					0.00	717,140.99	11,224.46	728,365.45	0.00
Legal					0.00	1,276.00	600.00	1,876.00	0.00
Other					0.00	29,497.36	2,631.18	32,128.54	(41,425.31)
<b>Total</b>					<b>0.00</b>	<b>1,016,174.96</b>	<b>22,973.92</b>	<b>1,039,148.88</b>	<b>(41,425.31)</b>

ORG1 DESC : Hodgeman County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claim Number	Claimant Name	Claimant Status	Injury Date	Received Examiner	Closed	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery	
<b>ORG1 DESC : Jackson County</b>											
<b>CLAIMANT STATUS DESC : Closed</b>											
<b>Insurer: Kansas Workers Risk Cooperative for Counties</b>											
<b>Closed Total 29</b>											
Indemnity							18,126.46	0.00	18,126.46	0.00	
Rehab							0.00	0.00	0.00	0.00	
Medical							56,903.81	0.00	56,903.81	0.00	
Legal							5,095.77	0.00	5,095.77	0.00	
Other							3,142.28	0.00	3,142.28	0.00	
<b>Total</b>							<b>83,268.32</b>	<b>0.00</b>	<b>83,268.32</b>	<b>0.00</b>	
<b>Hodgeman County Total 29</b>											
Indemnity							18,126.46	0.00	18,126.46	0.00	
Rehab							0.00	0.00	0.00	0.00	
Medical							56,903.81	0.00	56,903.81	0.00	
Legal							5,095.77	0.00	5,095.77	0.00	
Other							3,142.28	0.00	3,142.28	0.00	
<b>Total</b>							<b>83,268.32</b>	<b>0.00</b>	<b>83,268.32</b>	<b>0.00</b>	

ORG1 DESC : Jackson County

CLAIMANT STATUS DESC : Closed

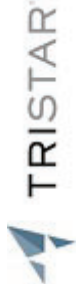
## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Claimant Status	Injury Date	Received Examiner	Closed	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery	
<b>CLAIMANT STATUS DESC : Open</b>											
<b>Insurer: Kansas Workers Risk Cooperative for Counties</b>											
<b>Closed Total 297</b>											
Indemnity							271,239.92	0.00	271,239.92	0.00	
Rehab							0.00	0.00	0.00	0.00	
Medical							545,470.52	0.00	545,470.52	(17,266.67)	
Legal							11,757.73	0.00	11,757.73	0.00	
Other							66,698.96	0.00	66,698.96	(60,027.53)	
<b>Total</b>							<b>895,167.13</b>	<b>0.00</b>	<b>895,167.13</b>	<b>(77,294.20)</b>	

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Claimant Status	Injury Date	Received Examiner	Closed	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>TRISTAR - Confidential</b>										
<b>CLAIMANT STATUS DESC : Open</b>										
<b>Insurer: Kansas Workers Risk Cooperative for Counties</b>										
<b>Closed Total 297</b>										
Indemnity							271,239.92	0.00	271,239.92	0.00
Rehab							0.00	0.00	0.00	0.00
Medical							545,470.52	0.00	545,470.52	(17,266.67)
Legal							11,757.73	0.00	11,757.73	0.00
Other							66,698.96	0.00	66,698.96	(60,027.53)
<b>Total</b>							<b>895,167.13</b>	<b>0.00</b>	<b>895,167.13</b>	<b>(77,294.20)</b>



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open Total 2	Indemnity	0.00	92,500.00	0.00	92,500.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	85.80	80,737.14	61,762.86	142,500.00	0.00	0.00
	Legal	0.00	17,572.00	3,928.00	21,500.00	0.00	0.00
	Other	9.50	3,533.91	5,966.09	9,500.00	0.00	(500.00)
<b>Total</b>		<b>95.30</b>	<b>194,343.05</b>	<b>71,656.95</b>	<b>266,000.00</b>		<b>(500.00)</b>

## CLAIMANT STATUS DESC : Re-Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Re-Open Total 1</b>							
	Indemnity			0.00	25,000.00	137,089.04	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			6,115.49	93,131.45	357,320.40	0.00
	Legal			0.00	4,500.00	4,500.00	0.00
	Other			1,097.18	30,201.03	85,500.00	(29,327.84)
<b>Total</b>				<b>7,212.67</b>	<b>152,832.48</b>	<b>584,409.44</b>	<b>(29,327.84)</b>

### Jackson County Total 300

	Indemnity			0.00	25,000.00	500,828.96	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			6,201.29	154,894.31	1,045,290.92	(17,266.67)
	Legal			29,329.73	8,428.00	37,757.73	0.00
	Other			1,106.68	36,167.12	161,698.96	(89,855.37)
<b>Total</b>				<b>7,307.97</b>	<b>224,489.43</b>	<b>1,745,576.57</b>	<b>(107,122.04)</b>

ORG1 DESC : Jefferson County

CLAIMANT STATUS DESC : Closed

### Insurer: Kansas Workers Risk Cooperative for Counties

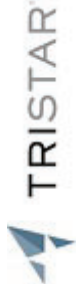
Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claimant Name	InjuryDate	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 485</b>								
Indemnity	0.00	699,277.05			0.00	0.00	699,277.05	0.00
Rehab	0.00	0.00			0.00	0.00	0.00	0.00
Medical	0.00	1,011,130.51			0.00	0.00	1,011,130.51	(461.12)
Legal	0.00	28,261.84			0.00	0.00	28,261.84	0.00
Other	0.00	119,127.48			0.00	0.00	119,127.48	(98,366.06)
<b>Total</b>	<b>0.00</b>	<b>1,857,796.88</b>			<b>0.00</b>	<b>0.00</b>	<b>1,857,796.88</b>	<b>(98,827.18)</b>

## CLAIMANT STATUS DESC : Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Open Total 4</b>									
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	1,002.15			7,497.85	8,500.00	0.00	0.00
Legal		0.00	0.00			0.00	0.00	0.00	0.00
Other		0.00	106.64			1,593.36	1,700.00	0.00	0.00
<b>Total</b>		<b>0.00</b>	<b>1,108.79</b>			<b>9,091.21</b>	<b>10,200.00</b>	<b>0.00</b>	<b>0.00</b>

## CLAIMANT STATUS DESC : Re-Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Re-Open Total 2</b>									
Indemnity		0.00	28,302.06			25,000.00	53,302.06	0.00	0.00
Rehab		0.00	0.00			0.00	0.00	0.00	0.00
Medical		0.00	22,018.24			28,801.76	50,820.00	0.00	0.00
Legal		0.00	0.00			9,500.00	9,500.00	0.00	0.00
Other		0.00	1,377.14			6,195.70	7,572.84	0.00	0.00
<b>Total</b>		<b>0.00</b>	<b>51,697.44</b>			<b>69,497.46</b>	<b>121,194.90</b>	<b>0.00</b>	<b>0.00</b>



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Jefferson County Total 491		Indemnity	727,579.11	25,000.00	752,579.11	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,034,150.90	36,299.61	1,070,450.51	(461.12)
	Legal	0.00	28,261.84	9,500.00	37,761.84	0.00
	Other	0.00	120,611.26	7,789.06	128,400.32	(98,366.06)
	<b>Total</b>	0.00	1,910,603.11	78,588.67	1,989,191.78	(98,827.18)

**ORG1 DESC :** Jefferson County RWD 12  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 1</b>							
	Indemnity			0.00	0.00	0.00	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			181.94	0.00	181.94	0.00
	Legal			0.00	0.00	0.00	0.00
	Other			13.31	0.00	13.31	0.00
	<b>Total</b>			195.25	0.00	195.25	0.00

**Jefferson County RWD 12 Total 1**

**ORG1 DESC :** Jewell County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 1</b>							
	Indemnity			0.00	0.00	0.00	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			181.94	0.00	181.94	0.00
	Legal			0.00	0.00	0.00	0.00
	Other			13.31	0.00	13.31	0.00
	<b>Total</b>			195.25	0.00	195.25	0.00

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claimant Name	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 271</b>								
Indemnity				0.00	579,393.30	0.00	579,393.30	0.00
Rehab				0.00	0.00	0.00	0.00	0.00
Medical				0.00	500,045.23	0.00	500,045.23	0.00
Legal				0.00	19,232.50	0.00	19,232.50	0.00
Other				0.00	43,550.03	0.00	43,550.03	(1,157.51)
<b>Total</b>				<b>0.00</b>	<b>1,142,221.06</b>	<b>0.00</b>	<b>1,142,221.06</b>	<b>(1,157.51)</b>

## CLAIMANT STATUS DESC : Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>Open Total 4</b>									
	Indemnity				0.00	144,830.30	20,000.00	164,830.30	0.00
	Rehab				0.00	0.00	2,500.00	2,500.00	0.00
	Medical				425.27	246,851.81	65,298.19	312,150.00	0.00
	Legal				0.00	16,873.44	8,126.56	25,000.00	0.00
	Other				24.97	11,543.61	3,891.39	15,435.00	0.00
	<b>Total</b>				<b>450.24</b>	<b>420,099.16</b>	<b>99,816.14</b>	<b>519,915.30</b>	<b>0.00</b>

### Jewell County Total 275

	Indemnity				0.00	724,223.60	20,000.00	744,223.60	0.00
	Rehab				0.00	0.00	2,500.00	2,500.00	0.00
	Medical				425.27	746,897.04	65,298.19	812,195.23	0.00
	Legal				0.00	36,105.94	8,126.56	44,232.50	0.00
	Other				24.97	55,093.64	3,891.39	58,985.03	(1,157.51)
	<b>Total</b>				<b>450.24</b>	<b>1,562,320.22</b>	<b>99,816.14</b>	<b>1,662,136.36</b>	<b>(1,157.51)</b>

## ORG1 DESC : Kansas Association Of Counties

CLAIMANT STATUS DESC : Closed

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open 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	2,436.07	3,451.55	1,548.45	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	196.39	264.48	735.52	1,000.00	0.00
<b>Total</b>		<b>2,632.46</b>	<b>3,716.03</b>	<b>2,283.97</b>	<b>6,000.00</b>	<b>0.00</b>

Open Total 66	Indemnity	54,462.28	0.00	0.00	54,462.28	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,436.07	78,277.69	1,548.45	79,826.14	0.00
	Legal	0.00	1,282.50	0.00	1,282.50	0.00
	Other	196.39	3,554.85	735.52	4,290.37	0.00
<b>Total</b>		<b>2,632.46</b>	<b>137,577.32</b>	<b>2,283.97</b>	<b>139,861.29</b>	<b>0.00</b>

ORG1 DESC : Kingman County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 19</b>							
	Indemnity	0.00	0.00	20,515.77	0.00	20,515.77	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	64,978.86	0.00	64,978.86	0.00
	Legal	0.00	0.00	492.00	0.00	492.00	0.00
	Other	0.00	0.00	3,004.28	0.00	3,004.28	0.00
<b>Total</b>		<b>0.00</b>	<b>0.00</b>	<b>88,990.91</b>	<b>0.00</b>	<b>88,990.91</b>	<b>0.00</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 19</b>							
	Indemnity	0.00	0.00	20,515.77	0.00	20,515.77	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	64,978.86	0.00	64,978.86	0.00
	Legal	0.00	0.00	492.00	0.00	492.00	0.00
	Other	0.00	0.00	3,004.28	0.00	3,004.28	0.00
<b>Total</b>		<b>0.00</b>	<b>0.00</b>	<b>88,990.91</b>	<b>0.00</b>	<b>88,990.91</b>	<b>0.00</b>



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

	Open Total 2	Indemnity Rehab	625.73 0.00	2,318.91 0.00	2,944.64 0.00	0.00
		Medical	0.00	18,200.00	18,200.00	0.00
		Legal	0.00	0.00	0.00	0.00
		Other	0.00	3,100.00	3,100.00	0.00
<b>Total</b>			<b>625.73</b>	<b>23,618.91</b>	<b>24,244.64</b>	<b>0.00</b>
<b>Kingman County Total 21</b>						
		Indemnity	625.73	2,318.91	23,460.41	0.00
		Rehab	0.00	0.00	0.00	0.00
		Medical	0.00	18,200.00	83,178.86	0.00
		Legal	0.00	0.00	492.00	0.00
		Other	0.00	3,100.00	6,104.28	0.00
<b>Total</b>			<b>625.73</b>	<b>23,618.91</b>	<b>113,235.55</b>	<b>0.00</b>

ORG1 DESC : Kiowa County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Closed Total 1</b>								
		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	0.00	701.32	0.00	701.32	0.00
		Legal	0.00	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	55.07	0.00	55.07	0.00
<b>Total</b>			<b>0.00</b>	<b>0.00</b>	<b>756.39</b>	<b>0.00</b>	<b>756.39</b>	<b>0.00</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

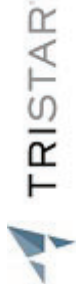
Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>CLAIMANT STATUS DESC : Open</b>								

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open Total 4	Indemnity	2,199.80	152,800.20	155,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00
	Medical	318.44	694,358.71	695,500.00	0.00
	Legal	0.00	13,000.00	13,000.00	0.00
	Other	48.95	111,335.65	111,500.00	0.00
<b>Total</b>		<b>2,567.19</b>	<b>971,494.56</b>	<b>975,000.00</b>	<b>0.00</b>

ORG1 DESC : Lane County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Kiowa County Total 5</b>							
	Indemnity	2,199.80		2,199.80	152,800.20	155,000.00	0.00
	Rehab	0.00		0.00	0.00	0.00	0.00
	Medical	318.44		1,842.61	694,358.71	696,201.32	0.00
	Legal	0.00		0.00	13,000.00	13,000.00	0.00
	Other	48.95		219.42	111,335.65	111,555.07	0.00
<b>Total</b>		<b>2,567.19</b>		<b>4,261.83</b>	<b>971,494.56</b>	<b>975,756.39</b>	<b>0.00</b>
<b>Closed Total 106</b>							
	Indemnity	0.00		54,872.08	0.00	54,872.08	0.00
	Rehab	0.00		0.00	0.00	0.00	0.00
	Medical	0.00		114,692.95	0.00	114,692.95	0.00
	Legal	0.00		5,183.75	0.00	5,183.75	0.00
	Other	0.00		12,443.36	0.00	12,443.36	0.00
<b>Total</b>		<b>0.00</b>		<b>187,192.14</b>	<b>0.00</b>	<b>187,192.14</b>	<b>0.00</b>

ORG1 DESC : Lincoln County  
CLAIMANT STATUS DESC : Closed

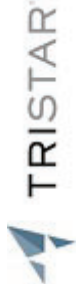
## Insurer: Kansas Workers Risk Cooperative for Counties

<b>Lane County Total 106</b>							
	Indemnity	0.00		54,872.08	0.00	54,872.08	0.00
	Rehab	0.00		0.00	0.00	0.00	0.00
	Medical	0.00		114,692.95	0.00	114,692.95	0.00
	Legal	0.00		5,183.75	0.00	5,183.75	0.00
	Other	0.00		12,443.36	0.00	12,443.36	0.00
<b>Total</b>		<b>0.00</b>		<b>187,192.14</b>	<b>0.00</b>	<b>187,192.14</b>	<b>0.00</b>

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Closed Total 275</b>								
	Indemnity				0.00	0.00	216,912.26	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				0.00	0.00	518,073.47	0.00
	Legal				0.00	0.00	518.00	0.00
	Other				0.00	0.00	37,412.25	(756.73)
	<b>Total</b>				<b>0.00</b>	<b>0.00</b>	<b>772,915.98</b>	<b>(756.73)</b>
<b>Lincoln County Total 275</b>								
	Indemnity				0.00	0.00	216,912.26	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				0.00	0.00	518,073.47	0.00
	Legal				0.00	0.00	518.00	0.00
	Other				0.00	0.00	37,412.25	(756.73)
	<b>Total</b>				<b>0.00</b>	<b>0.00</b>	<b>772,915.98</b>	<b>(756.73)</b>

ORG1 DESC : Linn County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Closed Total 302</b>								
	Indemnity				0.00	0.00	479,676.31	(14,013.80)
	Rehab				0.00	0.00	0.00	0.00
	Medical				0.00	0.00	759,019.76	(19,661.57)
	Legal				0.00	0.00	3,586.50	0.00
	Other				0.00	0.00	64,129.73	0.00
	<b>Total</b>				<b>0.00</b>	<b>0.00</b>	<b>1,306,412.30</b>	<b>(33,675.37)</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

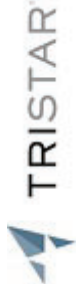
Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
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Run Date: 01/02/2024 08:01:25

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open Total 9	Indemnity	0.00	46,004.92	470,000.00	516,004.92	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	281,163.08	181,214.75	462,377.83	0.00
	Legal	0.00	10,108.89	9,391.11	19,500.00	0.00
	Other	0.00	14,631.21	54,188.51	68,819.72	0.00
<b>Total</b>		<b>0.00</b>	<b>351,908.10</b>	<b>714,794.37</b>	<b>1,066,702.47</b>	<b>0.00</b>

## CLAIMANT STATUS DESC : Re-Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Re-Open Total 1</b>								
	Indemnity				0.00	5,070.52	6,500.00	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				0.00	10,624.07	21,500.00	0.00
	Legal				0.00	550.00	550.00	0.00
	Other				0.00	2,086.62	3,400.00	0.00
<b>Total</b>					<b>0.00</b>	<b>18,331.21</b>	<b>31,950.00</b>	<b>0.00</b>

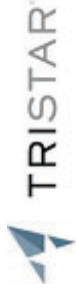
<b>Linn County Total 312</b>								
	Indemnity				0.00	475,070.52	1,002,181.23	(14,013.80)
	Rehab				0.00	0.00	0.00	0.00
	Medical				0.00	191,838.82	1,242,897.59	(19,661.57)
	Legal				0.00	9,941.11	23,636.50	0.00
	Other				0.00	56,275.13	136,349.45	0.00
<b>Total</b>					<b>0.00</b>	<b>733,125.58</b>	<b>2,405,064.77</b>	<b>(33,675.37)</b>

## ORG1 DESC : Lyon County

### CLAIMANT STATUS DESC : Closed

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claimant Name	InjuryDate	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 726</b>								
Indemnity		0.00			934,869.52	0.00	934,869.52	0.00
Rehab		0.00			0.00	0.00	0.00	0.00
Medical		0.00			1,334,268.72	0.00	1,334,268.72	(2,876.72)
Legal		0.00			33,847.20	0.00	33,847.20	0.00
Other		0.00			188,739.33	0.00	188,739.33	(8,160.28)
<b>Total</b>		<b>0.00</b>			<b>2,491,724.77</b>	<b>0.00</b>	<b>2,491,724.77</b>	<b>(11,037.00)</b>

## CLAIMANT STATUS DESC : Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Open Total 13</b>									
Indemnity			0.00			27,021.46	123,703.21	150,724.67	0.00
Rehab			0.00		0.00	0.00	0.00	0.00	0.00
Medical			4,680.66			158,775.28	127,145.13	285,920.41	0.00
Legal			0.00			396.25	18,953.75	19,350.00	0.00
Other			272.85			19,989.43	25,114.32	45,103.75	0.00
<b>Total</b>			<b>4,953.51</b>			<b>206,182.42</b>	<b>294,916.41</b>	<b>501,098.83</b>	<b>0.00</b>

## CLAIMANT STATUS DESC : Re-Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Re-Open Total 1</b>									
Indemnity			0.00			3,331.95	28,609.47	31,941.42	0.00
Rehab			0.00		0.00	0.00	0.00	0.00	0.00
Medical			0.00			24,996.48	22,003.52	47,000.00	0.00
Legal			0.00			380.00	10,670.00	11,050.00	0.00
Other			0.00			1,978.14	5,321.86	7,300.00	0.00
<b>Total</b>			<b>0.00</b>			<b>30,686.57</b>	<b>66,604.85</b>	<b>97,291.42</b>	<b>0.00</b>



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Lyon County Total 740		Indemnity	0.00	965,222.93	152,312.68	1,117,535.61	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	4,680.66	1,518,040.48	149,148.65	1,667,189.13	(2,876.72)	0.00
	Legal	0.00	34,623.45	29,623.75	64,247.20	0.00	0.00
	Other	272.85	210,706.90	30,436.18	241,143.08	(8,160.28)	0.00
	<b>Total</b>	4,953.51	2,728,593.76	361,521.26	3,090,115.02	(11,037.00)	0.00

ORG1 DESC : Marion County  
CLAIMANT STATUS DESC : Closed

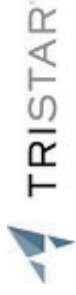
## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					
<b>Closed Total 315</b>							
	Indemnity		0.00	338,071.77	0.00	338,071.77	(12,859.30)
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		0.00	674,974.05	0.00	674,974.05	(20,844.68)
	Legal		0.00	16,598.16	0.00	16,598.16	0.00
	Other		0.00	64,766.34	0.00	64,766.34	(29,697.36)
	<b>Total</b>		0.00	1,094,410.32	0.00	1,094,410.32	(63,401.34)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					
<b>Open Total 3</b>							
	Indemnity		1,500.00	1,500.00	13,500.00	15,000.00	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		1,089.77	8,677.54	12,322.46	21,000.00	0.00
	Legal		0.00	373.75	7,626.25	8,000.00	0.00
	Other		117.63	400.65	2,899.35	3,300.00	0.00
	<b>Total</b>		2,707.40	10,951.94	36,348.06	47,300.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Marion County Total 318		Indemnity	1,500.00	339,571.77	13,500.00	353,071.77	(12,859.30)
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	1,089.77	683,651.59	12,322.46	695,974.05	(20,844.68)
		Legal	0.00	16,971.91	7,626.25	24,598.16	0.00
		Other	117.63	65,166.99	2,899.35	68,066.34	(29,697.36)
	<b>Total</b>		2,707.40	1,105,362.26	36,348.06	1,141,710.32	(63,401.34)

ORG1 DESC : Marshall County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 220</b>							
		Indemnity	0.00	172,657.84	0.00	172,657.84	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	337,776.30	0.00	337,776.30	0.00
		Legal	0.00	890.50	0.00	890.50	0.00
		Other	0.00	28,577.26	0.00	28,577.26	(63,662.41)
	<b>Total</b>		0.00	539,901.90	0.00	539,901.90	(63,662.41)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Open Total 3</b>							
		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	2,500.00	2,500.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	500.00	500.00	0.00
	<b>Total</b>		0.00	0.00	3,000.00	3,000.00	0.00





# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Marshall County Total 223	Indemnity	0.00	172,657.84	0.00	172,657.84	0.00	172,657.84	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	337,776.30	2,500.00	340,276.30	0.00	340,276.30	0.00	0.00
	Legal	0.00	890.50	0.00	890.50	0.00	890.50	0.00	0.00
	Other	0.00	28,577.26	500.00	29,077.26	0.00	29,077.26	0.00	(63,662.41)
<b>Total</b>		<b>0.00</b>	<b>539,901.90</b>	<b>3,000.00</b>	<b>542,901.90</b>	<b>0.00</b>	<b>542,901.90</b>	<b>0.00</b>	<b>(63,662.41)</b>

ORG1 DESC : McPherson County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					
<b>Closed Total 78</b>							
	Indemnity		0.00	271,833.08	0.00	271,833.08	(500.00)
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		0.00	557,709.75	0.00	557,709.75	(15,510.66)
	Legal		0.00	32,496.60	0.00	32,496.60	0.00
	Other		0.00	71,686.58	0.00	71,686.58	0.00
<b>Total</b>			<b>0.00</b>	<b>933,726.01</b>	<b>0.00</b>	<b>933,726.01</b>	<b>(16,010.66)</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					
<b>Open Total 7</b>							
	Indemnity		787.30	20,694.63	32,174.48	52,869.11	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		1,742.32	31,647.86	41,802.14	73,450.00	(500.00)
	Legal		492.00	928.25	10,871.75	11,800.00	0.00
	Other		194.20	3,109.06	12,490.94	15,600.00	0.00
<b>Total</b>			<b>3,215.82</b>	<b>56,379.80</b>	<b>97,339.31</b>	<b>153,719.11</b>	<b>(500.00)</b>

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Re-Open Total 1</b>								
	Indemnity		737.00		737.00	16,685.00	17,422.00	0.00
	Rehab		0.00		0.00	0.00	0.00	0.00
	Medical		223.16		4,301.46	20,601.54	24,903.00	(500.00)
	Legal		0.00		0.00	600.00	600.00	0.00
	Other		12.72		718.29	4,461.71	5,180.00	0.00
	<b>Total</b>		<b>972.88</b>		<b>5,756.75</b>	<b>42,948.25</b>	<b>48,705.00</b>	<b>(500.00)</b>
<b>McPherson County Total 86</b>								
	Indemnity		1,524.30		293,264.71	48,859.48	342,124.19	(500.00)
	Rehab		0.00		0.00	0.00	0.00	0.00
	Medical		1,965.48		593,659.07	62,403.68	656,062.75	(16,510.66)
	Legal		492.00		33,424.85	11,471.75	44,896.60	0.00
	Other		206.92		75,513.93	16,952.65	92,466.58	0.00
	<b>Total</b>		<b>4,188.70</b>		<b>995,862.56</b>	<b>140,287.56</b>	<b>1,136,150.12</b>	<b>(17,010.66)</b>

ORG1 DESC : Meade County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Closed Total 214</b>								
	Indemnity		0.00		288,568.84	0.00	288,568.84	0.00
	Rehab		0.00		0.00	0.00	0.00	0.00
	Medical		0.00		669,965.42	0.00	669,965.42	0.00
	Legal		0.00		16,591.01	0.00	16,591.01	0.00
	Other		0.00		45,390.81	0.00	45,390.81	(7,381.97)
	<b>Total</b>		<b>0.00</b>		<b>1,020,516.08</b>	<b>0.00</b>	<b>1,020,516.08</b>	<b>(7,381.97)</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
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Run Date: 01/02/2024 08:01:25

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open Total 2		Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	462.44	3,139.68	3,860.32	7,000.00	7,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	31.13	187.12	1,212.88	1,400.00	1,400.00	0.00
	<b>Total</b>	493.57	3,326.80	5,073.20	8,400.00	8,400.00	0.00
<b>Meade County Total 216</b>							
	Indemnity	0.00	288,568.84	0.00	288,568.84	288,568.84	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	462.44	673,105.10	3,860.32	676,965.42	676,965.42	0.00
	Legal	0.00	16,591.01	0.00	16,591.01	16,591.01	0.00
	Other	31.13	45,577.93	1,212.88	46,790.81	46,790.81	(7,381.97)
	<b>Total</b>	493.57	1,023,842.88	5,073.20	1,028,916.08	1,028,916.08	(7,381.97)

ORG1 DESC : Metropolitan Topeka Airport Authority  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					
<b>Closed Total 80</b>							
	Indemnity		0.00	92,544.79	0.00	92,544.79	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		0.00	168,403.30	0.00	168,403.30	(382.84)
	Legal		0.00	910.00	0.00	910.00	0.00
	Other		0.00	14,928.31	0.00	14,928.31	(1,376.32)
	<b>Total</b>		0.00	276,786.40	0.00	276,786.40	(1,759.16)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open Total 2	Indemnity	Rehab	Medical	Legal	Other	Total
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	0.00
0.00	865.23	0.00	4,134.77	5,000.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	149.15	0.00	850.85	1,000.00	0.00	0.00
0.00	1,014.38	0.00	4,985.62	6,000.00	0.00	0.00

Metropolitan Topeka Airport Authority Total 82	Indemnity	Rehab	Medical	Legal	Other	Total
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	0.00
0.00	92,544.79	0.00	4,134.77	173,403.30	0.00	0.00
0.00	169,268.53	0.00	0.00	910.00	0.00	0.00
0.00	15,077.46	0.00	850.85	15,928.31	0.00	0.00
0.00	277,800.78	0.00	4,985.62	282,786.40	0.00	0.00

ORG1 DESC : Miami County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Claimant Status	InjuryDate	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
Claim Type			Closed				this Period			
							0.00	0.00	1,316,483.69	0.00
							0.00	0.00	0.00	0.00
							0.00	0.00	1,883,906.00	(2,784.23)
							0.00	0.00	15,600.69	0.00
							0.00	0.00	166,231.55	(212,591.31)
							0.00	0.00	3,382,221.93	(215,375.54)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Claimant Status	InjuryDate	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
Claim Type			Closed				this Period			
							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	0.00	0.00	0.00
							0.00	0.00	0.00	0.00
							0.00	0.00	0.00	0.00

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open Total 10	Indemnity	0.00	45,399.14	30,914.77	76,313.91	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	5,502.28	135,592.40	92,665.38	228,257.78	0.00
	Legal	0.00	12,985.89	13,214.11	26,200.00	0.00
	Other	762.77	11,117.32	16,845.18	27,962.50	0.00
<b>Total</b>		6,265.05	205,094.75	153,639.44	358,734.19	0.00

## CLAIMANT STATUS DESC : Re-Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Re-Open Total 1</b>							
	Indemnity			0.00	45,000.00	45,000.00	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			221.25	12,358.75	21,279.52	0.00
	Legal			169.25	7,502.30	8,600.00	0.00
	Other			3,000.00	1,546.70	7,497.59	0.00
<b>Total</b>				3,390.50	66,407.75	82,377.11	0.00

### Miami County Total 730

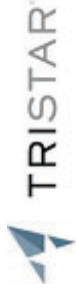
	Indemnity			0.00	75,914.77	1,437,797.60	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			5,723.53	105,024.13	2,133,443.30	(2,784.23)
	Legal			169.25	20,716.41	50,400.69	0.00
	Other			3,762.77	18,391.88	201,691.64	(212,591.31)
<b>Total</b>				9,655.55	220,047.19	3,823,333.23	(215,375.54)

## ORG1 DESC : Mitchell County

CLAIMANT STATUS DESC : Closed

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claimant Name	InjuryDate	Received	Examined	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 138</b>								
Indemnity		0.00			333,289.29	0.00	333,289.29	0.00
Rehab		0.00			0.00	0.00	0.00	0.00
Medical		0.00			456,096.27	0.00	456,096.27	0.00
Legal		0.00			1,476.00	0.00	1,476.00	0.00
Other		0.00			42,039.55	0.00	42,039.55	(45,137.43)
<b>Total</b>		<b>0.00</b>			<b>832,901.11</b>	<b>0.00</b>	<b>832,901.11</b>	<b>(45,137.43)</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examined	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Open Total 2</b>									
Indemnity		0.00			4,705.29	10,092.39	14,797.68	0.00	0.00
Rehab		0.00			0.00	0.00	0.00	0.00	0.00
Medical		67.55			27,265.31	6,984.69	34,250.00	0.00	0.00
Legal		0.00			0.00	600.00	600.00	0.00	0.00
Other		10.46			6,150.92	3,549.08	9,700.00	0.00	0.00
<b>Total</b>		<b>78.01</b>			<b>38,121.52</b>	<b>21,226.16</b>	<b>59,347.68</b>	<b>0.00</b>	<b>0.00</b>

## Mitchell County Total 140

Indemnity		0.00			337,994.58	10,092.39	348,086.97	0.00	0.00
Rehab		0.00			0.00	0.00	0.00	0.00	0.00
Medical		67.55			483,361.58	6,984.69	490,346.27	0.00	0.00
Legal		0.00			1,476.00	600.00	2,076.00	0.00	0.00
Other		10.46			48,190.47	3,549.08	51,739.55	(45,137.43)	0.00
<b>Total</b>		<b>78.01</b>			<b>871,022.63</b>	<b>21,226.16</b>	<b>892,248.79</b>	<b>(45,137.43)</b>	<b>0.00</b>

ORG1 DESC : Montgomery County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examined	Lit / Den	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claimant Name	Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 35</b>									
Indemnity					0.00	17,888.07	0.00	17,888.07	0.00
Rehab					0.00	0.00	0.00	0.00	0.00
Medical					0.00	25,464.97	0.00	25,464.97	0.00
Legal					0.00	485.00	0.00	485.00	0.00
Other					0.00	6,190.63	0.00	6,190.63	0.00
<b>Total</b>					0.00	50,028.67	0.00	50,028.67	0.00

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>Open Total 5</b>										
	Indemnity					0.00	0.00	0.00	0.00	0.00
	Rehab					0.00	0.00	0.00	0.00	0.00
	Medical					88.75	213.62	8,686.38	8,900.00	0.00
	Legal					0.00	0.00	0.00	0.00	0.00
	Other					25.34	41.26	1,658.74	1,700.00	0.00
	<b>Total</b>					114.09	254.88	10,345.12	10,600.00	0.00

## Montgomery County Total 40

	Indemnity					0.00	17,888.07	0.00	17,888.07	0.00
	Rehab					0.00	0.00	0.00	0.00	0.00
	Medical					88.75	25,678.59	8,686.38	34,364.97	0.00
	Legal					0.00	485.00	0.00	485.00	0.00
	Other					25.34	6,231.89	1,658.74	7,890.63	0.00
	<b>Total</b>					114.09	50,283.55	10,345.12	60,628.67	0.00

ORG1 DESC : Morris County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

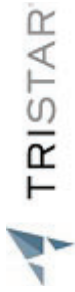
Claim Number	Claimant Name	Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

	Closed Total 120	Indemnity	0.00	79,067.63	0.00	79,067.63	0.00	79,067.63
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	184,001.80	0.00	184,001.80	0.00	184,001.80
		Legal	0.00	343.50	0.00	343.50	0.00	343.50
		Other	0.00	10,402.31	0.00	10,402.31	0.00	10,402.31
		<b>Total</b>	<b>0.00</b>	<b>273,815.24</b>	<b>0.00</b>	<b>273,815.24</b>	<b>0.00</b>	<b>(1,485.81)</b>

## CLAIMANT STATUS DESC : Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Open Total 2</b>							
	Indemnity			0.00	0.00	0.00	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			521.52	2,558.50	3,200.00	0.00
	Legal			0.00	0.00	0.00	0.00
	Other			27.67	471.33	600.00	0.00
	<b>Total</b>			<b>549.19</b>	<b>3,029.83</b>	<b>3,800.00</b>	<b>0.00</b>

### Morris County Total 122

	Indemnity			0.00	0.00	79,067.63	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			521.52	2,558.50	187,201.80	0.00
	Legal			0.00	0.00	343.50	0.00
	Other			27.67	471.33	11,002.31	0.00
	<b>Total</b>			<b>549.19</b>	<b>3,029.83</b>	<b>277,615.24</b>	<b>(1,485.81)</b>

## ORG1 DESC : Morton County

### CLAIMANT STATUS DESC : Closed

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			





# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claimant Name	Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 151</b>									
Indemnity					0.00	132,605.97	0.00	132,605.97	0.00
Rehab					0.00	0.00	0.00	0.00	0.00
Medical					0.00	262,486.27	0.00	262,486.27	0.00
Legal					0.00	9,734.30	0.00	9,734.30	0.00
Other					0.00	31,067.46	0.00	31,067.46	(176.00)
<b>Total</b>					0.00	435,894.00	0.00	435,894.00	(176.00)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>Open Total 3</b>										
Indemnity						2,948.00	160,466.75	201,441.25	361,908.00	0.00
Rehab						0.00	0.00	0.00	0.00	0.00
Medical						0.00	4,102.03	25,597.97	29,700.00	0.00
Legal						0.00	4,685.16	2,814.84	7,500.00	0.00
Other						0.00	325.55	3,924.45	4,250.00	0.00
<b>Total</b>						2,948.00	169,579.49	233,778.51	403,358.00	0.00

## Morton County Total 154

Indemnity						2,948.00	293,072.72	201,441.25	494,513.97	0.00
Rehab						0.00	0.00	0.00	0.00	0.00
Medical						0.00	266,588.30	25,597.97	292,186.27	0.00
Legal						0.00	14,419.46	2,814.84	17,234.30	0.00
Other						0.00	31,393.01	3,924.45	35,317.46	(176.00)
<b>Total</b>						2,948.00	605,473.49	233,778.51	839,252.00	(176.00)

ORG1 DESC : Morton County Health Care System

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Closed Total 279		Indemnity	0.00	133,602.17	0.00	133,602.17	0.00	0.00	0.00
	Rehab		0.00	0.00		0.00			0.00
	Medical		0.00	302,536.08		302,536.08			0.00
	Legal		0.00	0.00		0.00			0.00
	Other		0.00	35,351.89		35,351.89			0.00
	<b>Total</b>		<b>0.00</b>	<b>471,490.14</b>		<b>471,490.14</b>		<b>0.00</b>	<b>471,490.14</b>

Morton County Health Care System Total 279		Indemnity	0.00	133,602.17	0.00	133,602.17	0.00	0.00	0.00
	Rehab		0.00	0.00		0.00			0.00
	Medical		0.00	302,536.08		302,536.08			0.00
	Legal		0.00	0.00		0.00			0.00
	Other		0.00	35,351.89		35,351.89			0.00
	<b>Total</b>		<b>0.00</b>	<b>471,490.14</b>		<b>471,490.14</b>		<b>0.00</b>	<b>471,490.14</b>

**ORG1 DESC :** Nemaha County  
**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					
<b>Open Total 1</b>				0.00	0.00	0.00	0.00
	Indemnity			0.00	0.00	0.00	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			0.00	2,500.00	2,500.00	0.00
	Legal			0.00	0.00	0.00	0.00
	Other			0.00	500.00	500.00	0.00
	<b>Total</b>			<b>0.00</b>	<b>3,000.00</b>	<b>3,000.00</b>	<b>0.00</b>

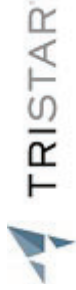
Nemaha County Total 1		Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab		0.00	0.00		0.00	0.00
	Medical		0.00	0.00		2,500.00	0.00
	Legal		0.00	0.00		0.00	0.00
	Other		0.00	0.00		500.00	0.00
	<b>Total</b>		<b>0.00</b>	<b>0.00</b>	<b>3,000.00</b>	<b>3,000.00</b>	<b>0.00</b>

**ORG1 DESC :** Neosho County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Closed Total 332</b>								
	Indemnity				0.00	0.00	396,445.12	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				0.00	0.00	577,027.69	(89,773.41)
	Legal				0.00	0.00	25,307.00	0.00
	Other				0.00	0.00	73,845.66	(54,824.28)
	<b>Total</b>				0.00	0.00	1,072,625.47	(144,597.69)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Open Total 4</b>								
	Indemnity				0.00	9,230.43	105,776.25	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				2,811.67	108,194.71	514,690.90	0.00
	Legal				0.00	15,779.04	17,808.38	0.00
	Other				102.62	12,488.26	49,100.00	(500.00)
	<b>Total</b>				2,914.29	145,692.44	687,375.53	(500.00)

## Neosho County Total 336

	Indemnity				0.00	9,230.43	502,221.37	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				2,811.67	108,194.71	1,091,718.59	(89,773.41)
	Legal				0.00	15,779.04	43,115.38	0.00
	Other				102.62	12,488.26	122,945.66	(55,324.28)
	<b>Total</b>				2,914.29	145,692.44	1,760,001.00	(145,097.69)

ORG1 DESC : Ness County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

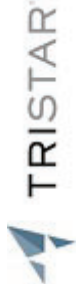
Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Closed Total 37		Indemnity	0.00	93,069.77	0.00	93,069.77	0.00	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00	0.00
	Medical		0.00	123,149.73	198.90	123,348.63	0.00	0.00
	Legal		0.00	9,110.35	0.00	9,110.35	0.00	0.00
	Other		0.00	9,701.26	0.00	9,701.26	(15,000.00)	(15,000.00)
	<b>Total</b>		<b>0.00</b>	<b>235,031.11</b>	<b>198.90</b>	<b>235,230.01</b>	<b>(15,000.00)</b>	<b>(15,000.00)</b>

Ness County Total 37		Indemnity	0.00	93,069.77	0.00	93,069.77	0.00	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00	0.00
	Medical		0.00	123,149.73	198.90	123,348.63	0.00	0.00
	Legal		0.00	9,110.35	0.00	9,110.35	0.00	0.00
	Other		0.00	9,701.26	0.00	9,701.26	(15,000.00)	(15,000.00)
	<b>Total</b>		<b>0.00</b>	<b>235,031.11</b>	<b>198.90</b>	<b>235,230.01</b>	<b>(15,000.00)</b>	<b>(15,000.00)</b>

**ORG1 DESC :** North Central Kansas Regional Juvenile Detention  
**CLAIMANT STATUS DESC :** Closed

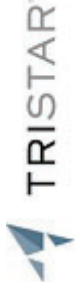
## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 65</b>							
	Indemnity			0.00	0.00	3,140.48	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			0.00	0.00	30,433.88	0.00
	Legal			0.00	0.00	0.00	0.00
	Other			0.00	0.00	6,071.32	0.00
	<b>Total</b>			<b>0.00</b>	<b>0.00</b>	<b>39,645.68</b>	<b>0.00</b>

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open Total 6	Indemnity Rehab Medical Legal Other	0.00 0.00 2,723.16 0.00 9.50	0.00 0.00 0.00 0.00 0.00	0.00 0.00 7,876.84 0.00 1,511.89	0.00 0.00 10,600.00 0.00 2,000.00	0.00 0.00 0.00 0.00 0.00
<b>Total</b>		<b>3,211.27</b>	<b>9,388.73</b>	<b>12,600.00</b>	<b>0.00</b>	
<b>North Central Kansas Regional Juvenile Detention Total 71</b>						
Indemnity		3,140.48	0.00	3,140.48	0.00	0.00
Rehab		0.00	0.00	0.00	0.00	0.00
Medical		33,157.04	7,876.84	41,033.88	0.00	0.00
Legal		0.00	0.00	0.00	0.00	0.00
Other		6,559.43	1,511.89	8,071.32	0.00	0.00
<b>Total</b>		<b>42,856.95</b>	<b>9,388.73</b>	<b>52,245.68</b>	<b>0.00</b>	

ORG1 DESC : Northwest Kansas Regional Recycling Center

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 13</b>									
Indemnity					0.00	82.43	0.00	82.43	0.00
Rehab					0.00	0.00	0.00	0.00	0.00
Medical					0.00	15,902.70	0.00	15,902.70	0.00
Legal					0.00	0.00	0.00	0.00	0.00
Other					0.00	883.97	0.00	883.97	0.00
<b>Total</b>					<b>0.00</b>	<b>16,869.10</b>	<b>0.00</b>	<b>16,869.10</b>	<b>0.00</b>
<b>Northwest Kansas Regional Recycling Center Total 13</b>									
Indemnity					0.00	82.43	0.00	82.43	0.00
Rehab					0.00	0.00	0.00	0.00	0.00
Medical					0.00	15,902.70	0.00	15,902.70	0.00
Legal					0.00	0.00	0.00	0.00	0.00
Other					0.00	883.97	0.00	883.97	0.00
<b>Total</b>					<b>0.00</b>	<b>16,869.10</b>	<b>0.00</b>	<b>16,869.10</b>	<b>0.00</b>

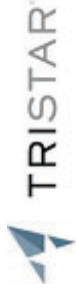
ORG1 DESC : Norton County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Closed Total 174</b>								
	Indemnity				0.00	0.00	212,226.86	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				0.00	0.00	419,335.48	(9,141.56)
	Legal				0.00	0.00	511.50	0.00
	Other				0.00	0.00	41,688.77	(34,632.43)
	<b>Total</b>				0.00	0.00	673,762.61	(43,773.99)
<b>Norton County Total 174</b>								
	Indemnity				0.00	0.00	212,226.86	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				0.00	0.00	419,335.48	(9,141.56)
	Legal				0.00	0.00	511.50	0.00
	Other				0.00	0.00	41,688.77	(34,632.43)
	<b>Total</b>				0.00	0.00	673,762.61	(43,773.99)

ORG1 DESC : Osage County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Closed Total 338</b>								
	Indemnity				0.00	0.00	504,631.53	(14,660.57)
	Rehab				0.00	0.00	0.00	0.00
	Medical				0.00	136.27	834,841.19	(4,005.96)
	Legal				0.00	0.00	9,771.00	0.00
	Other				0.00	11.44	67,883.43	(50,779.03)
	<b>Total</b>				0.00	147.71	1,417,127.15	(69,445.56)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open Total 9	Indemnity	0.00	9,921.02	6,000.00	15,921.02	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	226.64	36,598.53	43,869.99	80,468.52	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	9.50	2,158.47	7,241.53	9,400.00	0.00
<b>Total</b>		236.14	48,678.02	57,711.52	106,389.54	0.00

## CLAIMANT STATUS DESC : Re-Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Re-Open Total 1</b>								
	Indemnity				0.00	0.00	0.00	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				2,042.20	957.80	3,000.00	0.00
	Legal				0.00	0.00	0.00	0.00
	Other				183.69	616.31	800.00	0.00
<b>Total</b>					2,225.89	1,574.11	3,800.00	0.00

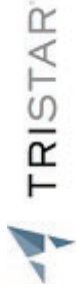
<b>Osage County Total 348</b>								
	Indemnity				0.00	6,000.00	520,552.55	(14,660.57)
	Rehab				0.00	0.00	0.00	0.00
	Medical				226.64	44,964.06	918,309.71	(4,005.96)
	Legal				0.00	600.00	10,371.00	0.00
	Other				9.50	7,869.28	78,083.43	(50,779.03)
<b>Total</b>					236.14	59,433.34	1,527,316.69	(69,445.56)

## ORG1 DESC : Osborne County

### CLAIMANT STATUS DESC : Closed

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claimant Name	InjuryDate	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 235</b>								
Indemnity		0.00			89,853.19	0.00	89,853.19	0.00
Rehab		0.00			0.00	0.00	0.00	0.00
Medical		0.00			186,047.40	0.00	186,047.40	0.00
Legal		0.00			1,508.50	0.00	1,508.50	0.00
Other		0.00			24,765.14	0.00	24,765.14	0.00
<b>Total</b>		<b>0.00</b>			<b>302,174.23</b>	<b>0.00</b>	<b>302,174.23</b>	<b>0.00</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Open Total 2</b>									
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				596.07	4,403.93	5,000.00	0.00
Legal		0.00				0.00	0.00	0.00	0.00
Other		0.00				37.11	962.89	1,000.00	0.00
<b>Total</b>		<b>0.00</b>				<b>633.18</b>	<b>5,366.82</b>	<b>6,000.00</b>	<b>0.00</b>

## Osborne County Total 237

Indemnity		0.00				89,853.19	0.00	89,853.19	0.00
Rehab		0.00				0.00	0.00	0.00	0.00
Medical		0.00				186,643.47	4,403.93	191,047.40	0.00
Legal		0.00				1,508.50	0.00	1,508.50	0.00
Other		0.00				24,802.25	962.89	25,765.14	0.00
<b>Total</b>		<b>0.00</b>				<b>302,807.41</b>	<b>5,366.82</b>	<b>308,174.23</b>	<b>0.00</b>

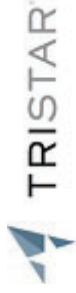
ORG1 DESC : Ottawa County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claimant Name	InjuryDate	Received	Examined	Lit / Den	Paid	this Period	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 213</b>										
Indemnity		0.00			103,722.72	0.00	103,722.72	0.00	103,722.72	0.00
Rehab		0.00			0.00	0.00	0.00	0.00	0.00	0.00
Medical		596.96			228,603.29	0.00	228,603.29	0.00	228,603.29	0.00
Legal		0.00			5,853.52	0.00	5,853.52	0.00	5,853.52	0.00
Other		9.50			30,856.87	0.00	30,856.87	0.00	30,856.87	(31,291.15)
<b>Total</b>		<b>606.46</b>			<b>369,036.40</b>	<b>0.00</b>	<b>369,036.40</b>	<b>0.00</b>	<b>369,036.40</b>	<b>(31,291.15)</b>

**CLAIMANT STATUS DESC : Open**

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examined	Lit / Den	Paid	this Period	Paid	Outstanding	Incurred	Recovery
<b>Open Total 4</b>											
Indemnity		9,595.74			15,381.19	329.81	15,711.00	0.00	15,711.00	0.00	0.00
Rehab		0.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medical		596.96			36,195.78	9,904.22	46,100.00	0.00	46,100.00	0.00	0.00
Legal		0.00			0.00	600.00	600.00	0.00	600.00	0.00	0.00
Other		9.50			3,187.32	3,792.68	6,980.00	0.00	6,980.00	0.00	0.00
<b>Total</b>		<b>10,202.20</b>			<b>54,764.29</b>	<b>14,626.71</b>	<b>69,391.00</b>	<b>14,626.71</b>	<b>69,391.00</b>	<b>0.00</b>	<b>0.00</b>

## Ottawa County Total 217

Indemnity		9,595.74			119,103.91	329.81	119,433.72	0.00	119,433.72	0.00	0.00
Rehab		0.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medical		1,193.92			264,799.07	9,904.22	274,703.29	0.00	274,703.29	0.00	0.00
Legal		0.00			5,853.52	600.00	6,453.52	0.00	6,453.52	0.00	0.00
Other		19.00			34,044.19	3,792.68	37,836.87	0.00	37,836.87	0.00	(31,291.15)
<b>Total</b>		<b>10,808.66</b>			<b>423,800.69</b>	<b>14,626.71</b>	<b>438,427.40</b>	<b>14,626.71</b>	<b>438,427.40</b>	<b>(31,291.15)</b>	<b>0.00</b>

**ORG1 DESC : Pawnee County**

**CLAIMANT STATUS DESC : Closed**

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examined	Lit / Den	Paid	this Period	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claimant Name	InjuryDate	Received	Examined	Lit / Den	Open Total 2	Indemnity	Rehab	Medical	Legal	Other	Total	Outstanding	Incurred	Recovery
<b>Closed Total 184</b>						0.00	65,554.37	0.00	0.00	0.00	65,554.37	0.00	65,554.37	0.00
						0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
						0.00	176,434.94	0.00	0.00	0.00	176,434.94	0.00	176,434.94	0.00
						0.00	505.00	0.00	0.00	0.00	505.00	0.00	505.00	0.00
						0.00	9,308.90	0.00	0.00	0.00	9,308.90	0.00	9,308.90	(5,743.63)
<b>Total</b>						0.00	251,803.21	0.00	0.00	0.00	251,803.21	0.00	251,803.21	(5,743.63)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examined	Lit / Den	Open Total 2	Indemnity	Rehab	Medical	Legal	Other	Total	Outstanding	Incurred	Recovery
							1,780.80	0.00	0.00	0.00	0.00	1,780.80	215,950.33	557,903.50	0.00
							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
							0.00	84,388.06	0.00	0.00	0.00	84,388.06	24,583.94	108,972.00	0.00
							0.00	1,438.75	0.00	0.00	0.00	1,438.75	12,211.25	13,650.00	0.00
							0.00	13,092.15	0.00	0.00	0.00	13,092.15	4,402.85	17,495.00	0.00
							1,780.80	84,388.06	1,438.75	13,092.15	0.00	440,872.13	257,148.37	698,020.50	0.00

## Pawnee County Total 186

							1,780.80	0.00	0.00	0.00	0.00	1,780.80	215,950.33	623,457.87	0.00
							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
							0.00	260,823.00	0.00	0.00	0.00	260,823.00	24,583.94	285,406.94	0.00
							0.00	1,943.75	0.00	0.00	0.00	1,943.75	12,211.25	14,155.00	0.00
							0.00	22,401.05	0.00	0.00	0.00	22,401.05	4,402.85	26,803.90	(5,743.63)
<b>Total</b>							1,780.80	260,823.00	1,943.75	22,401.05	0.00	692,675.34	257,148.37	949,823.71	(5,743.63)

ORG1 DESC : Phillips County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Examined	Lit / Den	Open Total 2	Indemnity	Rehab	Medical	Legal	Other	Total	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Closed Total 148		Indemnity	0.00	421,432.14	0.00	421,432.14	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		0.00	479,378.75	0.00	479,378.75	(38,473.40)
	Legal		0.00	2,588.10	0.00	2,588.10	0.00
	Other		0.00	114,274.38	0.00	114,274.38	(291.80)
	<b>Total</b>		<b>0.00</b>	<b>1,017,673.37</b>	<b>0.00</b>	<b>1,017,673.37</b>	<b>(38,765.20)</b>

## CLAIMANT STATUS DESC : Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Open Total 4</b>							
	Indemnity			0.00	2,801.96	3,293.48	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			238.85	9,716.46	11,500.00	0.00
	Legal			0.00	600.00	600.00	0.00
	Other			222.62	2,636.89	3,000.00	0.00
	<b>Total</b>			<b>461.47</b>	<b>15,755.31</b>	<b>18,393.48</b>	<b>0.00</b>

### Phillips County Total 152

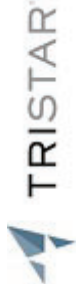
	Indemnity			0.00	2,801.96	424,725.62	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			238.85	9,716.46	490,878.75	(38,473.40)
	Legal			0.00	600.00	3,188.10	0.00
	Other			222.62	2,636.89	117,274.38	(291.80)
	<b>Total</b>			<b>461.47</b>	<b>15,755.31</b>	<b>1,036,066.85</b>	<b>(38,765.20)</b>

## ORG1 DESC : Pottawatomie County

### CLAIMANT STATUS DESC : Closed

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claimant Name	Injury Date	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 588</b>								
Indemnity		0.00			661,677.35	0.00	661,677.35	0.00
Rehab		0.00			0.00	0.00	0.00	0.00
Medical		0.00			922,628.22	0.00	922,628.22	(37,614.59)
Legal		0.00			28,671.59	0.00	28,671.59	(197.00)
Other		0.00			87,765.24	0.00	87,765.24	(72,608.23)
<b>Total</b>		<b>0.00</b>			<b>1,700,742.40</b>	<b>0.00</b>	<b>1,700,742.40</b>	<b>(110,419.82)</b>

## CLAIMANT STATUS DESC : Open

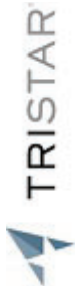
### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Injury Date	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Open Total 6</b>									
Indemnity			0.00			128,441.12	578.88	129,020.00	0.00
Rehab			0.00		0.00	0.00	0.00	0.00	0.00
Medical			2,046.73		109,208.10	28,680.66	137,888.76	(37.84)	
Legal			0.00		0.00	0.00	0.00	0.00	
Other			85.39		18,610.31	6,589.69	25,200.00	(500.00)	
<b>Total</b>			<b>2,132.12</b>		<b>256,259.53</b>	<b>35,849.23</b>	<b>292,108.76</b>	<b>(537.84)</b>	

## CLAIMANT STATUS DESC : Re-Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Injury Date	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Re-Open Total 3</b>									
Indemnity			0.00			100,159.36	0.00	100,159.36	0.00
Rehab			0.00		0.00	0.00	0.00	0.00	0.00
Medical			65.92		78,042.29	19,957.71	98,000.00	(500.00)	
Legal			0.00		252.40	13,747.60	14,000.00	0.00	
Other			13.95		5,896.92	5,103.08	11,000.00	0.00	
<b>Total</b>			<b>79.87</b>		<b>184,350.97</b>	<b>38,808.39</b>	<b>223,159.36</b>	<b>(500.00)</b>	



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Pottawatomie County Total 597		Indemnity	0.00	890,277.83	578.88	890,856.71	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	2,112.65	1,109,878.61	48,638.37	1,158,516.98	(38,152.43)	
	Legal	0.00	28,923.99	13,747.60	42,671.59	(197.00)	
	Other	99.34	112,272.47	11,692.77	123,965.24	(73,108.23)	
	<b>Total</b>	<b>2,211.99</b>	<b>2,141,352.90</b>	<b>74,657.62</b>	<b>2,216,010.52</b>	<b>(111,457.66)</b>	

ORG1 DESC : Pratt County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 12</b>							
	Indemnity			28,691.50	0.00	28,691.50	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			43,943.71	0.00	43,943.71	0.00
	Legal			1,981.00	0.00	1,981.00	0.00
	Other			4,523.11	0.00	4,523.11	0.00
	<b>Total</b>			<b>79,139.32</b>	<b>0.00</b>	<b>79,139.32</b>	<b>0.00</b>

ORG1 DESC : Public Wholesale Water Supply District No 11

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Pratt County Total 12</b>							
	Indemnity			28,691.50	0.00	28,691.50	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			43,943.71	0.00	43,943.71	0.00
	Legal			1,981.00	0.00	1,981.00	0.00
	Other			4,523.11	0.00	4,523.11	0.00
	<b>Total</b>			<b>79,139.32</b>	<b>0.00</b>	<b>79,139.32</b>	<b>0.00</b>

ORG1 DESC : Public Wholesale Water Supply District No 11

CLAIMANT STATUS DESC : Closed

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open Total 3	Indemnity	Rehab	Medical	Legal	Other	Total
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	0.00
0.00	100.40	3,799.60	3,900.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	9.50	840.50	850.00	0.00	0.00	0.00
<b>Total</b>	0.00	109.90	4,640.10	4,750.00	0.00	0.00

Rawlins County Total 91	Indemnity	Rehab	Medical	Legal	Other	Total
0.00	33,547.07	0.00	33,547.07	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	189,069.92	3,799.60	192,869.52	0.00	0.00	0.00
0.00	1,415.00	0.00	1,415.00	0.00	0.00	0.00
9.50	9,430.72	840.50	10,271.22	0.00	0.00	(825.25)
<b>Total</b>	9.50	233,462.71	4,640.10	238,102.81	0.00	(825.25)

ORG1 DESC : Reno County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Claimant Status	InjuryDate	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
Claim Type			Closed				this Period			
<b>Closed Total 1772</b>										
	Indemnity		0.00	2,896,883.98		0.00	0.00	0.00	2,896,883.98	0.00
	Rehab		0.00	0.00		0.00	0.00	0.00	0.00	0.00
	Medical		0.00	5,066,507.65		0.00	0.00	0.00	5,066,507.65	(640.30)
	Legal		0.00	33,694.48		0.00	0.00	0.00	33,694.48	0.00
	Other		0.00	601,398.93		0.00	0.00	0.00	601,398.93	(2,326,633.54)
<b>Total</b>			0.00	8,598,485.04		0.00	0.00	0.00	8,598,485.04	(2,327,273.84)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Claimant Status	InjuryDate	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
Claim Type			Closed				this Period			
<b>Closed Total 1772</b>										
	Indemnity		0.00	2,896,883.98		0.00	0.00	0.00	2,896,883.98	0.00
	Rehab		0.00	0.00		0.00	0.00	0.00	0.00	0.00
	Medical		0.00	5,066,507.65		0.00	0.00	0.00	5,066,507.65	(640.30)
	Legal		0.00	33,694.48		0.00	0.00	0.00	33,694.48	0.00
	Other		0.00	601,398.93		0.00	0.00	0.00	601,398.93	(2,326,633.54)
<b>Total</b>			0.00	8,598,485.04		0.00	0.00	0.00	8,598,485.04	(2,327,273.84)

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open Total 23	Indemnity	0.00	244,606.69	103,613.10	348,219.79	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	6,373.58	574,016.32	187,261.41	761,277.73	0.00
	Legal	0.00	3,421.30	23,578.70	27,000.00	0.00
	Other	408.43	57,243.27	37,514.36	94,757.63	0.00
<b>Total</b>		<b>6,782.01</b>	<b>879,287.58</b>	<b>351,967.57</b>	<b>1,231,255.15</b>	<b>0.00</b>

## CLAIMANT STATUS DESC : Re-Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Re-Open Total 3</b>							
	Indemnity			0.00	74,521.31	134,728.82	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			168.62	63,118.21	321,948.88	(26,307.26)
	Legal			0.00	7,868.40	11,100.00	0.00
	Other			(45.53)	9,139.90	40,890.00	(21,398.16)
<b>Total</b>				<b>123.09</b>	<b>154,647.82</b>	<b>508,667.70</b>	<b>(47,705.42)</b>

### Reno County Total 1798

	Indemnity			0.00	178,134.41	3,379,832.59	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			6,542.20	250,379.62	6,149,734.26	(26,947.56)
	Legal			0.00	31,447.10	71,794.48	0.00
	Other			362.90	46,654.26	737,046.56	(2,348,031.70)
<b>Total</b>				<b>6,905.10</b>	<b>506,615.39</b>	<b>10,338,407.89</b>	<b>(2,374,979.26)</b>

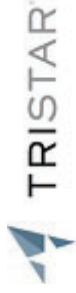
## ORG1 DESC : Republic County

CLAIMANT STATUS DESC : Closed

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			





# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claimant Name	Injury Date	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 226</b>								
Indemnity		0.00			166,928.67	0.00	166,928.67	0.00
Rehab		0.00			0.00	0.00	0.00	0.00
Medical		0.00			358,217.80	0.00	358,217.80	0.00
Legal		0.00			2,833.70	0.00	2,833.70	0.00
Other		0.00			41,525.03	0.00	41,525.03	(10,186.58)
<b>Total</b>		<b>0.00</b>			<b>569,505.20</b>	<b>0.00</b>	<b>569,505.20</b>	<b>(10,186.58)</b>

## CLAIMANT STATUS DESC : Open

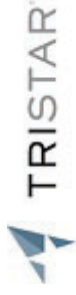
### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Injury Date	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Open Total 1</b>									
Indemnity			0.00			19,620.29	0.00	19,620.29	0.00
Rehab			0.00		0.00	0.00	0.00	0.00	0.00
Medical			271.13			54,240.92	11,616.48	65,857.40	0.00
Legal			0.00			0.00	0.00	0.00	0.00
Other			0.00			2,458.21	5,041.79	7,500.00	0.00
<b>Total</b>			<b>271.13</b>			<b>76,319.42</b>	<b>16,658.27</b>	<b>92,977.69</b>	<b>0.00</b>

## CLAIMANT STATUS DESC : Re-Open

### Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Injury Date	Received	Examiner	Lit / Den	Paid	Outstanding	Incurred	Recovery
<b>Re-Open Total 1</b>									
Indemnity			0.00			1,608.11	8,000.00	9,608.11	0.00
Rehab			0.00			0.00	0.00	0.00	0.00
Medical			2,024.40			28,793.98	1,957.01	30,750.99	0.00
Legal			0.00			0.00	0.00	0.00	0.00
Other			9.50			599.44	4,674.67	5,274.11	0.00
<b>Total</b>			<b>2,033.90</b>			<b>31,001.53</b>	<b>14,631.68</b>	<b>45,633.21</b>	<b>0.00</b>



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Republic County Total 228		Indemnity	0.00	188,157.07	8,000.00	196,157.07	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	2,295.53	441,252.70	13,573.49	454,826.19	0.00
		Legal	0.00	2,833.70	0.00	2,833.70	0.00
		Other	9.50	44,582.68	9,716.46	54,299.14	(10,186.58)
	<b>Total</b>		2,305.03	676,826.15	31,289.95	708,116.10	(10,186.58)

ORG1 DESC : Rice County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					
<b>Closed Total 106</b>							
	Indemnity		0.00	234,569.28	0.00	234,569.28	(802.34)
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		0.00	393,853.97	0.00	393,853.97	(32,855.74)
	Legal		0.00	8,210.60	0.00	8,210.60	0.00
	Other		0.00	45,131.15	0.00	45,131.15	(23,763.43)
	<b>Total</b>		0.00	681,765.00	0.00	681,765.00	(57,421.51)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

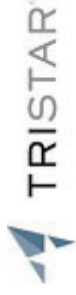
Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					
<b>Open Total 8</b>							
	Indemnity		0.00	43,737.49	13,678.89	57,416.38	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		3,735.02	239,974.75	46,175.25	286,150.00	(3,000.00)
	Legal		0.00	1,042.50	657.50	1,700.00	0.00
	Other		782.01	26,557.36	21,987.64	48,545.00	0.00
	<b>Total</b>		4,517.03	311,312.10	82,499.28	393,811.38	(3,000.00)

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Rice County Total 114		Indemnity	0.00	278,306.77	13,678.89	291,985.66	(802.34)
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	3,735.02	633,828.72	46,175.25	680,003.97	(35,855.74)
		Legal	0.00	9,253.10	657.50	9,910.60	0.00
		Other	782.01	71,688.51	21,987.64	93,676.15	(23,763.43)
	<b>Total</b>		4,517.03	993,077.10	82,499.28	1,075,576.38	(60,421.51)

ORG1 DESC : Rooks County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					
<b>Closed Total 2</b>							
	Indemnity			0.00	0.00	0.00	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			3,783.47	0.00	3,783.47	0.00
	Legal			0.00	0.00	0.00	0.00
	Other			352.80	0.00	352.80	0.00
	<b>Total</b>			4,136.27	0.00	4,136.27	0.00

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					
<b>Open Total 1</b>							
	Indemnity			0.00	0.00	0.00	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			1,001.04	1,498.96	2,500.00	0.00
	Legal			0.00	0.00	0.00	0.00
	Other			61.74	438.26	500.00	0.00
	<b>Total</b>			1,062.78	1,937.22	3,000.00	0.00



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Rooks County Total 3		Indemnity	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	4,784.51	1,498.96	6,283.47	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	414.54	438.26	852.80	0.00
	<b>Total</b>	0.00	5,199.05	1,937.22	7,136.27	0.00

**ORG1 DESC :** Rush County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					
<b>Closed Total 115</b>							
	Indemnity		0.00	199,802.92	0.00	199,802.92	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		0.00	605,241.23	0.00	605,241.23	0.00
	Legal		0.00	2,003.00	0.00	2,003.00	0.00
	Other		0.00	30,421.21	0.00	30,421.21	0.00
	<b>Total</b>		0.00	837,468.36	0.00	837,468.36	0.00

**CLAIMANT STATUS DESC :** Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					
<b>Open Total 3</b>							
	Indemnity		0.00	14,228.91	23,785.00	38,013.91	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		303.52	54,048.95	11,951.05	66,000.00	0.00
	Legal		511.50	511.50	688.50	1,200.00	0.00
	Other		0.00	8,217.26	5,782.74	14,000.00	0.00
	<b>Total</b>		815.02	77,006.62	42,207.29	119,213.91	0.00



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Rush County Total 118		Indemnity	0.00	214,031.83	23,785.00	237,816.83	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	303.52	659,290.18	11,951.05	671,241.23	0.00	0.00
	Legal	511.50	2,514.50	688.50	3,203.00	0.00	0.00
	Other	0.00	38,638.47	5,782.74	44,421.21	0.00	0.00
	<b>Total</b>	<b>815.02</b>	<b>914,474.98</b>	<b>42,207.29</b>	<b>956,682.27</b>	<b>0.00</b>	<b>0.00</b>

ORG1 DESC : Russell County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 268</b>							
	Indemnity	0.00	223,154.90	0.00	0.00	223,154.90	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	404,709.52	0.00	0.00	404,709.52	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	40,549.28	0.00	0.00	40,549.28	(16,491.48)
	<b>Total</b>	<b>0.00</b>	<b>668,413.70</b>	<b>0.00</b>	<b>0.00</b>	<b>668,413.70</b>	<b>(16,491.48)</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
<b>Open Total 2</b>							
	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	92.35	1,397.72	4,602.28	6,000.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	145.66	303.24	896.76	1,200.00	0.00	0.00
	<b>Total</b>	<b>238.01</b>	<b>1,700.96</b>	<b>5,499.04</b>	<b>7,200.00</b>	<b>0.00</b>	<b>0.00</b>



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Russell County Total 270		Indemnity	0.00	223,154.90	0.00	223,154.90	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	92.35	406,107.24	4,602.28	410,709.52	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	145.66	40,852.52	896.76	41,749.28	(16,491.48)
	<b>Total</b>		238.01	670,114.66	5,499.04	675,613.70	(16,491.48)

ORG1 DESC : Saline County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					
<b>Closed Total 1234</b>							
	Indemnity		0.00	866,794.87	0.00	866,794.87	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		0.00	1,315,179.68	(9.00)	1,315,170.68	(9,808.31)
	Legal		0.00	24,454.17	0.00	24,454.17	(5,380.82)
	Other		0.00	185,854.87	0.00	185,854.87	(67,682.97)
	<b>Total</b>		0.00	2,392,283.59	(9.00)	2,392,274.59	(82,872.10)

CLAIMANT STATUS DESC : Open

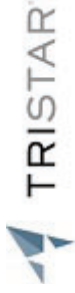
## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					
<b>Open Total 21</b>							
	Indemnity		0.00	6,154.27	7,635.27	13,789.54	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		3,880.36	97,136.85	86,943.34	184,080.19	0.00
	Legal		0.00	0.00	0.00	0.00	0.00
	Other		657.31	28,266.31	13,958.99	42,225.30	0.00
	<b>Total</b>		4,537.67	131,557.43	108,537.60	240,095.03	0.00

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Re-Open Total 1</b>								
	Indemnity		43,315.77		1,000.00		44,315.77	0.00
	Rehab		0.00		0.00		0.00	0.00
	Medical		74,904.37		2,508.45		77,412.82	0.00
	Legal		142.00		458.00		600.00	0.00
	Other		2,554.19		1,500.00		4,054.19	0.00
	<b>Total</b>		<b>120,916.33</b>		<b>5,466.45</b>		<b>126,382.78</b>	<b>0.00</b>
<b>Saline County Total 1256</b>								
	Indemnity		916,264.91		8,635.27		924,900.18	0.00
	Rehab		0.00		0.00		0.00	0.00
	Medical		1,487,220.90		89,442.79		1,576,663.69	(9,808.31)
	Legal		24,596.17		458.00		25,054.17	(5,380.82)
	Other		216,675.37		15,458.99		232,134.36	(67,682.97)
	<b>Total</b>		<b>4,537.67</b>		<b>113,995.05</b>		<b>2,758,752.40</b>	<b>(82,872.10)</b>

ORG1 DESC : Scott County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Closed Total 48</b>								
	Indemnity		18,808.47		0.00		18,808.47	0.00
	Rehab		0.00		0.00		0.00	0.00
	Medical		83,758.77		0.00		83,758.77	0.00
	Legal		4,727.60		0.00		4,727.60	0.00
	Other		9,013.33		0.00		9,013.33	0.00
	<b>Total</b>		<b>116,308.17</b>		<b>0.00</b>		<b>116,308.17</b>	<b>0.00</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open 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	0.00
	Medical	0.00	1,182.38	1,317.62	2,500.00	0.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	509.86	290.14	800.00	0.00	0.00	0.00
	<b>Total</b>	<b>0.00</b>	<b>1,692.24</b>	<b>1,607.76</b>	<b>3,300.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

Scott County Total 49		Indemnity	0.00	0.00	18,808.47	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	84,941.15	1,317.62	86,258.77	0.00	0.00	0.00
	Legal	0.00	4,727.60	0.00	4,727.60	0.00	0.00	0.00
	Other	0.00	9,523.19	290.14	9,813.33	0.00	0.00	0.00
	<b>Total</b>	<b>0.00</b>	<b>118,000.41</b>	<b>1,607.76</b>	<b>119,608.17</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

ORG1 DESC : Sheridan County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					
<b>Closed Total 158</b>							
	Indemnity		0.00	495,927.96	0.00	495,927.96	0.00
	Rehab		0.00	0.00	0.00	0.00	0.00
	Medical		0.00	447,381.95	0.00	447,381.95	0.00
	Legal		0.00	1,663.50	0.00	1,663.50	0.00
	Other		0.00	31,681.59	0.00	31,681.59	0.00
	<b>Total</b>		<b>0.00</b>	<b>976,655.00</b>	<b>0.00</b>	<b>976,655.00</b>	<b>0.00</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim_Type	Claimant Status	Closed	Examiner	this Period			
		Lit / Den					





# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open Total 2	Indemnity	Rehab	Medical	Legal	Other	Total	Open Total 2	Indemnity	Rehab	Medical	Legal	Other	Total
	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
	0.00	0.00	3,211.00	2,789.00	0.00	6,000.00	0.00	0.00	0.00	2,789.00	0.00	0.00	6,000.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	64.56	97.16	1,102.84	1,200.00	1,200.00	1,200.00	1,102.84	1,102.84	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00
<b>Total</b>	<b>2,371.25</b>	<b>3,308.16</b>	<b>3,891.84</b>	<b>7,200.00</b>	<b>7,200.00</b>	<b>7,200.00</b>	<b>3,891.84</b>	<b>3,891.84</b>	<b>7,200.00</b>	<b>7,200.00</b>	<b>7,200.00</b>	<b>7,200.00</b>	<b>7,200.00</b>

Sheridan County Total 160	Indemnity	Rehab	Medical	Legal	Other	Total	Sheridan County Total 160	Indemnity	Rehab	Medical	Legal	Other	Total
	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
	0.00	0.00	495,927.96	453,381.95	0.00	949,309.91	0.00	0.00	0.00	495,927.96	0.00	0.00	949,309.91
	2,306.69	450,592.95	1,663.50	1,663.50	31,778.75	495,927.96	2,789.00	2,789.00	453,381.95	1,663.50	1,663.50	32,881.59	495,927.96
	64.56	31,778.75	1,102.84	32,881.59	32,881.59	32,881.59	1,102.84	1,102.84	32,881.59	32,881.59	32,881.59	32,881.59	32,881.59
<b>Total</b>	<b>2,371.25</b>	<b>979,963.16</b>	<b>3,891.84</b>	<b>983,855.00</b>	<b>983,855.00</b>	<b>983,855.00</b>	<b>3,891.84</b>	<b>3,891.84</b>	<b>983,855.00</b>	<b>983,855.00</b>	<b>983,855.00</b>	<b>983,855.00</b>	<b>983,855.00</b>

ORG1 DESC : Sherman County  
CLAIMANT STATUS DESC : Closed

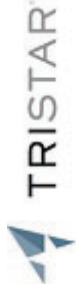
## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Claimant Status	InjuryDate	Received	Examiner	Lit / Den	Paid	Outstanding	Recovery
Claim Type			Closed				this Period		
<b>Closed Total 146</b>									
	Indemnity			0.00			0.00	0.00	0.00
	Rehab			0.00			0.00	0.00	0.00
	Medical			18.03			18.03	0.00	0.00
	Legal			25,808.23			25,808.23	0.00	0.00
	Other			9.63			9.63	0.00	0.00
	<b>Total</b>			<b>27.66</b>			<b>27.66</b>	<b>0.00</b>	<b>0.00</b>
				95,276.19			95,276.19	0.00	0.00
				0.00			0.00	0.00	0.00
				350,441.86			350,441.86	0.00	0.00
				25,808.23			25,808.23	0.00	0.00
				20,615.62			20,615.62	0.00	0.00
	<b>Total</b>			<b>492,141.90</b>			<b>492,141.90</b>	<b>0.00</b>	<b>0.00</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	Claimant Status	InjuryDate	Received	Examiner	Lit / Den	Paid	Outstanding	Recovery
Claim Type			Closed				this Period		
<b>Closed Total 146</b>									
	Indemnity			0.00			0.00	0.00	0.00
	Rehab			0.00			0.00	0.00	0.00
	Medical			18.03			18.03	0.00	0.00
	Legal			25,808.23			25,808.23	0.00	0.00
	Other			9.63			9.63	0.00	0.00
	<b>Total</b>			<b>27.66</b>			<b>27.66</b>	<b>0.00</b>	<b>0.00</b>
				95,276.19			95,276.19	0.00	0.00
				0.00			0.00	0.00	0.00
				350,441.86			350,441.86	0.00	0.00
				25,808.23			25,808.23	0.00	0.00
				20,615.62			20,615.62	0.00	0.00
	<b>Total</b>			<b>492,141.90</b>			<b>492,141.90</b>	<b>0.00</b>	<b>0.00</b>



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open Total 1	Indemnity	Rehab	Medical	Legal	Other	Total
	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	2,249.95	0.00	0.00	2,500.00
	0.00	0.00	0.00	0.00	500.00	500.00
	0.00	0.00	400.48	0.00	0.00	400.48
	0.00	0.00	2,650.43	0.00	0.00	3,000.00

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Re-Open Total 1</b>							
	Indemnity			0.00	0.00	0.00	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			1,206.41	1,043.30	5,000.00	0.00
	Legal			0.00	0.00	0.00	0.00
	Other			100.35	453.80	700.00	0.00
	<b>Total</b>			<b>1,306.76</b>	<b>1,497.10</b>	<b>5,700.00</b>	<b>0.00</b>

## Sherman County Total 148

	Indemnity			0.00	0.00	95,276.19	0.00
	Rehab			0.00	0.00	0.00	0.00
	Medical			1,224.44	3,293.25	357,941.86	0.00
	Legal			0.00	0.00	25,808.23	0.00
	Other			109.98	854.28	21,815.62	0.00
	<b>Total</b>			<b>1,334.42</b>	<b>4,147.53</b>	<b>500,841.90</b>	<b>0.00</b>

ORG1 DESC : Smith County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Closed Total 97	Indemnity	0.00	234,045.69	0.00	234,045.69	(3,813.50)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	287,995.06	0.00	287,995.06	(8,186.50)
	Legal	0.00	15,452.71	0.00	15,452.71	0.00
	Other	0.00	24,603.08	0.00	24,603.08	0.00
<b>Total</b>		<b>0.00</b>	<b>562,096.54</b>	<b>0.00</b>	<b>562,096.54</b>	<b>(12,000.00)</b>

Smith County Total 97	Indemnity	0.00	234,045.69	0.00	234,045.69	(3,813.50)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	287,995.06	0.00	287,995.06	(8,186.50)
	Legal	0.00	15,452.71	0.00	15,452.71	0.00
	Other	0.00	24,603.08	0.00	24,603.08	0.00
<b>Total</b>		<b>0.00</b>	<b>562,096.54</b>	<b>0.00</b>	<b>562,096.54</b>	<b>(12,000.00)</b>

ORG1 DESC : Stafford County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period		
<b>Closed Total 26</b>						
	Indemnity	0.00	84,221.14	0.00	84,221.14	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	140,513.13	0.00	140,513.13	0.00
	Legal	0.00	7,061.27	0.00	7,061.27	0.00
	Other	0.00	4,517.12	0.00	4,517.12	0.00
<b>Total</b>		<b>0.00</b>	<b>236,312.66</b>	<b>0.00</b>	<b>236,312.66</b>	<b>0.00</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period		
<b>Closed Total 97</b>						
	Indemnity	0.00	234,045.69	0.00	234,045.69	(3,813.50)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	287,995.06	0.00	287,995.06	(8,186.50)
	Legal	0.00	15,452.71	0.00	15,452.71	0.00
	Other	0.00	24,603.08	0.00	24,603.08	0.00
<b>Total</b>		<b>0.00</b>	<b>562,096.54</b>	<b>0.00</b>	<b>562,096.54</b>	<b>(12,000.00)</b>

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open 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	0.00	5,000.00	5,000.00	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	1,000.00	1,000.00	1,000.00	0.00
<b>Total</b>		<b>0.00</b>	<b>0.00</b>	<b>6,000.00</b>	<b>6,000.00</b>	<b>6,000.00</b>	<b>0.00</b>

Stafford County Total 28	Indemnity	0.00	84,221.14	0.00	84,221.14	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	140,513.13	5,000.00	145,513.13	145,513.13	0.00
	Legal	0.00	7,061.27	0.00	7,061.27	7,061.27	0.00
	Other	0.00	4,517.12	1,000.00	5,517.12	5,517.12	0.00
<b>Total</b>		<b>0.00</b>	<b>236,312.66</b>	<b>6,000.00</b>	<b>242,312.66</b>	<b>242,312.66</b>	<b>0.00</b>

ORG1 DESC : Stanton County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 102</b>							
	Indemnity	0.00	209,346.63	0.00	0.00	209,346.63	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	395,840.58	0.00	0.00	395,840.58	0.00
	Legal	0.00	882.00	0.00	0.00	882.00	0.00
	Other	0.00	22,781.50	0.00	0.00	22,781.50	(5,990.28)
<b>Total</b>		<b>0.00</b>	<b>628,850.71</b>	<b>0.00</b>	<b>0.00</b>	<b>628,850.71</b>	<b>(5,990.28)</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 102</b>							
	Indemnity	0.00	209,346.63	0.00	0.00	209,346.63	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	395,840.58	0.00	0.00	395,840.58	0.00
	Legal	0.00	882.00	0.00	0.00	882.00	0.00
	Other	0.00	22,781.50	0.00	0.00	22,781.50	(5,990.28)
<b>Total</b>		<b>0.00</b>	<b>628,850.71</b>	<b>0.00</b>	<b>0.00</b>	<b>628,850.71</b>	<b>(5,990.28)</b>



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open 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	275.23	7,224.77	7,500.00	7,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	29.95	46.96	1,453.04	1,500.00	1,500.00	0.00
<b>Total</b>		<b>29.95</b>	<b>322.19</b>	<b>8,677.81</b>	<b>9,000.00</b>	<b>9,000.00</b>	<b>0.00</b>

Stanton County Total 106	Indemnity	0.00	209,346.63	0.00	209,346.63	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	396,115.81	7,224.77	403,340.58	403,340.58	0.00
	Legal	0.00	882.00	0.00	882.00	882.00	0.00
	Other	29.95	22,828.46	1,453.04	24,281.50	24,281.50	(5,990.28)
<b>Total</b>		<b>29.95</b>	<b>629,172.90</b>	<b>8,677.81</b>	<b>637,850.71</b>	<b>637,850.71</b>	<b>(5,990.28)</b>

ORG1 DESC : Stevens County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 443</b>							
	Indemnity	0.00	450,259.74	0.00	0.00	450,259.74	(568.53)
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	856,641.33	0.00	0.00	856,641.33	(8,276.57)
	Legal	0.00	12,169.92	0.00	0.00	12,169.92	0.00
	Other	0.00	61,786.76	0.00	0.00	61,786.76	(5,000.00)
<b>Total</b>		<b>0.00</b>	<b>1,380,857.75</b>	<b>0.00</b>	<b>0.00</b>	<b>1,380,857.75</b>	<b>(13,845.10)</b>

Stevens County Total 443	Indemnity	0.00	450,259.74	0.00	0.00	450,259.74	(568.53)
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	856,641.33	0.00	0.00	856,641.33	(8,276.57)
	Legal	0.00	12,169.92	0.00	0.00	12,169.92	0.00
	Other	0.00	61,786.76	0.00	0.00	61,786.76	(5,000.00)
<b>Total</b>		<b>0.00</b>	<b>1,380,857.75</b>	<b>0.00</b>	<b>0.00</b>	<b>1,380,857.75</b>	<b>(13,845.10)</b>

ORG1 DESC : Stevens Health Systems  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Closed Total 207</b>								
	Indemnity				0.00	0.00	199,916.95	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				0.00	0.00	418,457.40	0.00
	Legal				0.00	0.00	4,036.84	0.00
	Other				0.00	0.00	35,084.74	0.00
	<b>Total</b>				<b>0.00</b>	<b>0.00</b>	<b>657,495.93</b>	<b>0.00</b>
<b>Stevens Health Systems Total 207</b>								
	Indemnity				0.00	0.00	199,916.95	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				0.00	0.00	418,457.40	0.00
	Legal				0.00	0.00	4,036.84	0.00
	Other				0.00	0.00	35,084.74	0.00
	<b>Total</b>				<b>0.00</b>	<b>0.00</b>	<b>657,495.93</b>	<b>0.00</b>

ORG1 DESC : Sumner County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

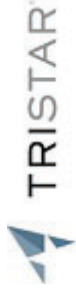
Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Closed Total 170</b>								
	Indemnity				0.00	0.00	542,965.83	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				0.00	0.00	716,419.71	0.00
	Legal				0.00	0.00	0.00	0.00
	Other				0.00	0.00	91,961.52	(511.23)
	<b>Total</b>				<b>0.00</b>	<b>0.00</b>	<b>1,351,347.06</b>	<b>(511.23)</b>
<b>Sumner County Total 170</b>								
	Indemnity				0.00	0.00	542,965.83	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				0.00	0.00	716,419.71	0.00
	Legal				0.00	0.00	0.00	0.00
	Other				0.00	0.00	91,961.52	(511.23)
	<b>Total</b>				<b>0.00</b>	<b>0.00</b>	<b>1,351,347.06</b>	<b>(511.23)</b>

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

ORG1 DESC : Thomas County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Indemnity	Paid this Period	Outstanding	Incurred	Recovery
<b>Closed Total 238</b>									
					Indemnity	0.00	0.00	165,666.86	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	329,592.08	0.00
					Legal	0.00	0.00	784.00	0.00
					Other	0.00	0.00	23,972.14	0.00
					<b>Total</b>	0.00	0.00	520,015.08	(2,355.43)

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Indemnity	Paid this Period	Outstanding	Incurred	Recovery
<b>Open Total 9</b>									
					Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	435.61	14,564.39	15,000.00	0.00
					Legal	0.00	0.00	0.00	0.00
					Other	207.04	2,792.96	3,000.00	0.00
					<b>Total</b>	642.65	17,357.35	18,000.00	0.00

CLAIMANT STATUS DESC : Re-Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Indemnity	Paid this Period	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Re-Open 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	1,647.70	6,604.50	395.50	7,000.00	7,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	223.67	1,627.93	372.07	2,000.00	2,000.00	0.00
<b>Total</b>		<b>1,871.37</b>	<b>8,232.43</b>	<b>767.57</b>	<b>9,000.00</b>	<b>9,000.00</b>	<b>0.00</b>

Thomas County Total 248	Indemnity	0.00	165,666.86	0.00	165,666.86	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	2,083.31	336,632.19	14,959.89	351,592.08	351,592.08	0.00
	Legal	0.00	784.00	0.00	784.00	784.00	0.00
	Other	430.71	25,807.11	3,165.03	28,972.14	28,972.14	(2,355.43)
<b>Total</b>		<b>2,514.02</b>	<b>528,890.16</b>	<b>18,124.92</b>	<b>547,015.08</b>	<b>547,015.08</b>	<b>(2,355.43)</b>

ORG1 DESC : Trego County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 119</b>							
	Indemnity			0.00	0.00	81,541.12	(1,403.88)
	Rehab			0.00	0.00	0.00	0.00
	Medical			0.00	0.00	242,686.46	(2,835.19)
	Legal			0.00	0.00	976.00	0.00
	Other			0.00	0.00	14,003.78	(515.12)
<b>Total</b>				<b>0.00</b>	<b>0.00</b>	<b>339,207.36</b>	<b>(4,754.19)</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 119</b>							
	Indemnity			0.00	0.00	81,541.12	(1,403.88)
	Rehab			0.00	0.00	0.00	0.00
	Medical			0.00	0.00	242,686.46	(2,835.19)
	Legal			0.00	0.00	976.00	0.00
	Other			0.00	0.00	14,003.78	(515.12)
<b>Total</b>				<b>0.00</b>	<b>0.00</b>	<b>339,207.36</b>	<b>(4,754.19)</b>





# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

	Open Total 3	Indemnity Rehab Medical Legal Other	0.00 0.00 632.36 0.00 30.91	0.00 0.00 2,802.52 0.00 372.15	15,000.00 0.00 13,397.48 9,000.00 3,227.85	15,000.00 0.00 16,200.00 9,000.00 3,600.00	0.00 0.00 0.00 0.00 0.00
<b>Total</b>	<b>663.27</b>	<b>3,174.67</b>	<b>40,625.33</b>	<b>43,800.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Trego County Total 122</b>	<b>81,541.12</b>	<b>0.00</b>	<b>15,000.00</b>	<b>96,541.12</b>	<b>(1,403.88)</b>	<b>0.00</b>	<b>0.00</b>
<b>Rehab</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Medical</b>	<b>632.36</b>	<b>245,488.98</b>	<b>13,397.48</b>	<b>258,886.46</b>	<b>(2,835.19)</b>	<b>0.00</b>	<b>0.00</b>
<b>Legal</b>	<b>0.00</b>	<b>976.00</b>	<b>9,000.00</b>	<b>9,976.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Other</b>	<b>30.91</b>	<b>14,375.93</b>	<b>3,227.85</b>	<b>17,603.78</b>	<b>(515.12)</b>	<b>0.00</b>	<b>0.00</b>
<b>Total</b>	<b>663.27</b>	<b>342,382.03</b>	<b>40,625.33</b>	<b>383,007.36</b>	<b>(4,754.19)</b>	<b>0.00</b>	<b>0.00</b>

ORG1 DESC : Wabaunsee County  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Closed Total 4</b>								
Indemnity					0.00	0.00	0.00	0.00
Rehab					0.00	0.00	0.00	0.00
Medical					0.00	0.00	0.00	0.00
Legal					0.00	0.00	0.00	0.00
Other					0.00	0.00	0.00	0.00
<b>Total</b>					<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

## Wabaunsee County Total 4

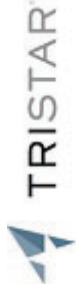
Indemnity					0.00	0.00	0.00	0.00
Rehab					0.00	0.00	0.00	0.00
Medical					0.00	0.00	0.00	0.00
Legal					0.00	0.00	0.00	0.00
Other					0.00	0.00	0.00	0.00
<b>Total</b>					<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

ORG1 DESC : Wabaunsee County RWD No 2  
CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Closed Total 1</b>								
	Indemnity				0.00	0.00	0.00	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				110.02	0.00	110.02	0.00
	Legal				0.00	0.00	0.00	0.00
	Other				15.53	0.00	15.53	0.00
	<b>Total</b>				<b>125.55</b>	<b>0.00</b>	<b>125.55</b>	<b>0.00</b>
<b>Wabaunsee County RWD No 2 Total 1</b>								
	Indemnity				0.00	0.00	0.00	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				110.02	0.00	110.02	0.00
	Legal				0.00	0.00	0.00	0.00
	Other				15.53	0.00	15.53	0.00
	<b>Total</b>				<b>125.55</b>	<b>0.00</b>	<b>125.55</b>	<b>0.00</b>

ORG1 DESC : Wallace County

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
<b>Closed Total 84</b>								
	Indemnity				0.00	0.00	34,338.97	0.00
	Rehab				0.00	0.00	0.00	0.00
	Medical				153,017.67	0.00	153,017.67	0.00
	Legal				424.50	0.00	424.50	0.00
	Other				5,679.36	0.00	5,679.36	0.00
	<b>Total</b>				<b>193,460.50</b>	<b>0.00</b>	<b>193,460.50</b>	<b>0.00</b>

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

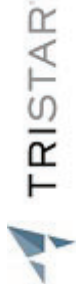
Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

Open 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	0.00
	Medical	0.00	183.18	2,316.82	2,500.00	2,500.00	2,500.00	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	12.08	487.92	500.00	500.00	500.00	500.00	0.00
	<b>Total</b>	0.00	195.26	2,804.74	3,000.00	3,000.00	3,000.00	3,000.00	0.00

Wallace County Total 85		Indemnity	0.00	34,338.97	0.00	34,338.97	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	153,200.85	2,316.82	155,517.67	155,517.67	155,517.67	155,517.67	0.00
	Legal	0.00	424.50	0.00	424.50	424.50	424.50	424.50	0.00
	Other	0.00	5,691.44	487.92	6,179.36	6,179.36	6,179.36	6,179.36	0.00
	<b>Total</b>	0.00	193,655.76	2,804.74	196,460.50	196,460.50	196,460.50	196,460.50	0.00

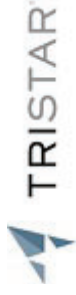
**ORG1 DESC :** Wichita County  
**CLAIMANT STATUS DESC :** Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received	Paid	Outstanding	Incurred	Recovery
Claim Type	Claimant Status	Closed	Examiner	this Period			
<b>Closed Total 78</b>							
	Indemnity	0.00	389,769.08	0.00	0.00	389,769.08	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	90,812.55	0.00	0.00	90,812.55	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	32,951.61	0.00	0.00	32,951.61	(12,500.00)
	<b>Total</b>	0.00	513,533.24	0.00	0.00	513,533.24	(12,500.00)

<b>Wichita County Total 78</b>							
	Indemnity	0.00	389,769.08	0.00	0.00	389,769.08	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	90,812.55	0.00	0.00	90,812.55	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	32,951.61	0.00	0.00	32,951.61	(12,500.00)
	<b>Total</b>	0.00	513,533.24	0.00	0.00	513,533.24	(12,500.00)

**ORG1 DESC :** Woodson County  
**CLAIMANT STATUS DESC :** Closed



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Indemnity	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>Closed Total 39</b>					Indemnity	0.00	25,084.42	0.00	25,084.42	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	49,746.19	0.00	49,746.19	0.00
					Legal	0.00	984.00	0.00	984.00	0.00
					Other	0.00	3,329.52	0.00	3,329.52	0.00
	<b>Total</b>					0.00	79,144.13	0.00	79,144.13	0.00

CLAIMANT STATUS DESC : Open

## Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Indemnity	Paid this Period	Paid	Outstanding	Incurred	Recovery
<b>Open Total 3</b>					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	1,258.30	7,241.70	8,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	29.95	48.95	1,651.05	1,700.00	0.00
	<b>Total</b>					29.95	1,307.25	8,892.75	10,200.00	0.00

## Woodson County Total 42

					Indemnity	0.00	25,084.42	0.00	25,084.42	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	51,004.49	7,241.70	58,246.19	0.00
					Legal	0.00	984.00	0.00	984.00	0.00
					Other	29.95	3,378.47	1,651.05	5,029.52	0.00
	<b>Total</b>					29.95	80,451.38	8,892.75	89,344.13	0.00

ORG1 DESC :

CLAIMANT STATUS DESC : Closed

## Insurer: Kansas Workers Risk Cooperative for Counties

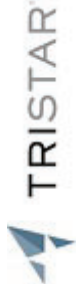
Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Indemnity	Paid this Period	Paid	Outstanding	Incurred	Recovery
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# Claim Summary - Workers Compensation

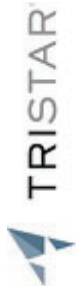
PERIOD : 12/01/2023 - 12/31/2023

<b>Closed Total 1</b>	Indemnity	0.00	0.00	0.00	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	0.00	0.00	0.00
	Medical	0.00	0.00	0.00	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	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

<b>Total 1</b>	Indemnity	0.00	0.00	0.00	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	0.00	0.00	0.00
	Medical	0.00	0.00	0.00	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	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

<b>Kansas Workers Risk Cooperative for Counties Total 21743</b>	Indemnity	28,085.10	32,342,068.96	2,929,941.34	35,272,010.30	(51,121.92)
	Rehab	0.00	573.00	2,500.00	3,073.00	0.00
	Medical	128,048.85	53,370,147.38	4,194,966.52	57,565,113.90	(974,567.30)
	Legal	2,939.75	1,020,070.23	432,341.72	1,452,411.95	(11,597.99)
	Other	12,302.20	5,451,644.36	810,668.59	6,262,312.95	(3,956,045.40)
	<b>Total</b>	<b>171,375.90</b>	<b>92,184,503.93</b>	<b>8,371,018.17</b>	<b>100,555,522.10</b>	<b>(4,993,332.61)</b>

<b>Grand Total: 21743</b>	Indemnity	28,085.10	32,342,068.96	2,929,941.34	35,272,010.30	(51,121.92)
	Rehab	0.00	573.00	2,500.00	3,073.00	0.00
	Medical	128,048.85	53,370,147.38	4,194,966.52	57,565,113.90	(974,567.30)
	Legal	2,939.75	1,020,070.23	432,341.72	1,452,411.95	(11,597.99)
	Other	12,302.20	5,451,644.36	810,668.59	6,262,312.95	(3,956,045.40)
	<b>Total</b>	<b>171,375.90</b>	<b>92,184,503.93</b>	<b>8,371,018.17</b>	<b>100,555,522.10</b>	<b>(4,993,332.61)</b>



# Claim Summary - Workers Compensation

PERIOD : 12/01/2023 - 12/31/2023

## Report Fields

Paid this Period: amount paid between the dates listed in the report header  
 Paid: amount paid inception to ending date listed in the report header  
 Outstanding: total outstanding reserves remaining  
 Incurred: amount incurred inception to ending date listed in report header  
 Recovery: amount recovery inception to ending date listed in the report header  
 Received: this is the date the claim was received by Tristar

Report Parameters	
Insurer	KWORCC
Insured	-1
Insurance Type	ORG1 DESC
Claim Status	CLAIMANT STATUS DESC
Claimant Type	

Additional Report Parameters	
Additional Parameter	(1=1) ,AND (1=1)