



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

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	
				Closed Total 66	Indemnity	0.00	98,176.08	0.00	98,176.08	(2,000.00)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	277,911.94	0.00	277,911.94	(26,130.92)
					Legal	0.00	36,191.42	0.00	36,191.42	0.00
					Other	0.00	21,909.79	0.00	21,909.79	(12,214.66)
					Total	0.00	434,189.23	0.00	434,189.23	(40,345.58)

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	
				Open Total 4	Indemnity	0.00	0.00	40,000.00	40,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	126.63	16,808.38	25,391.62	42,200.00	(1,000.00)
					Legal	132.50	16,595.07	404.93	17,000.00	0.00
					Other	12.30	345.03	6,319.97	6,665.00	0.00
					Total	271.43	33,748.48	72,116.52	105,865.00	(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 : 06/01/2024 - 06/30/2024

Re-Open Total 1		Indemnity	0.00	6,675.48	61,234.41	67,909.89	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	4,840.00	55,905.86	43,544.14	99,450.00	(1,000.00)	
	Legal	0.00	1,380.80	10,719.20	12,100.00	0.00	
	Other	2,270.36	5,517.22	7,362.78	12,880.00	0.00	
Total		7,110.36	69,479.36	122,860.53	192,339.89	(1,000.00)	

Allen County Total 71		Indemnity	0.00	104,851.56	101,234.41	206,085.97	(2,000.00)
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	4,966.63	350,626.18	68,935.76	419,561.94	(28,130.92)	
	Legal	132.50	54,167.29	11,124.13	65,291.42	0.00	
	Other	2,282.66	27,772.04	13,682.75	41,454.79	(12,214.66)	
Total		7,381.79	537,417.07	194,977.05	732,394.12	(42,345.58)	

ORG1 DESC : Anderson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 206					0.00	723,615.47	0.00	723,615.47	0.00
	Rehab	0.00			0.00	573.00	0.00	573.00	0.00
	Medical	0.00			0.00	977,600.10	0.00	977,600.10	0.00
	Legal	0.00			0.00	15,318.80	0.00	15,318.80	0.00
	Other	0.00			0.00	71,718.47	0.00	71,718.47	(3,864.70)
Total		0.00			0.00	1,788,825.84	0.00	1,788,825.84	(3,864.70)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Open Total 1		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	0.00	0.00	2,500.00	2,500.00	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	500.00	500.00	0.00	0.00
	Total	0.00	0.00	3,000.00	3,000.00	0.00	0.00

Anderson County Total 207		Indemnity	0.00	723,615.47	0.00	723,615.47	0.00
	Rehab	0.00	0.00	573.00	573.00	0.00	0.00
	Medical	0.00	977,600.10	2,500.00	980,100.10	0.00	0.00
	Legal	0.00	15,318.80	0.00	15,318.80	0.00	0.00
	Other	0.00	71,718.47	500.00	72,218.47	(3,864.70)	0.00
	Total	0.00	1,788,825.84	3,000.00	1,791,825.84	(3,864.70)	0.00

ORG1 DESC : Atchison County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		Closed Total 11			0.00	0.00	0.00	0.00	0.00
					0.00	0.00	0.00	0.00	0.00
					4,546.03	9,955.13	0.00	9,955.13	0.00
					0.00	0.00	0.00	0.00	0.00
					95.58	318.39	0.00	318.39	0.00
					Total	4,641.61	10,273.52	0.00	10,273.52

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Open Total 3		Indemnity	0.00	0.00	25,000.00	25,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	3,076.22	15,686.22	13,813.78	29,500.00	0.00	0.00
	Legal	385.50	385.50	7,614.50	8,000.00	0.00	0.00
	Other	1,033.17	1,317.26	2,882.74	4,200.00	0.00	0.00
	Total	4,494.89	17,388.98	49,311.02	66,700.00		0.00

Atchison County Total 14		Indemnity	0.00	0.00	25,000.00	25,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	7,622.25	25,641.35	13,813.78	39,455.13	0.00	0.00
	Legal	385.50	385.50	7,614.50	8,000.00	0.00	0.00
	Other	1,128.75	1,635.65	2,882.74	4,518.39	0.00	0.00
	Total	9,136.50	27,662.50	49,311.02	76,973.52		0.00

ORG1 DESC : Barber 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
Closed Total 274									
	Indemnity	0.00	263,196.56	0.00	263,196.56	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	395,120.81	0.00	395,120.81	0.00	0.00	0.00	0.00
	Legal	0.00	13,868.90	0.00	13,868.90	0.00	0.00	0.00	0.00
	Other	0.00	31,312.44	0.00	31,312.44	0.00	0.00	0.00	(2,201.73)
	Total	0.00	703,498.71	0.00	703,498.71	0.00	0.00	0.00	(2,201.73)

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	0.00
	Medical	0.00	395,120.81	0.00	395,120.81	0.00	0.00
	Legal	0.00	13,868.90	0.00	13,868.90	0.00	0.00
	Other	0.00	31,312.44	0.00	31,312.44	0.00	(2,201.73)
	Total	0.00	703,498.71	0.00	703,498.71	0.00	(2,201.73)

ORG1 DESC : Bourbon County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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TRISTAR - Confidential

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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 304	Indemnity	0.00	384,786.68	0.00	384,786.68	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	779,973.30	0.00	779,973.30	(14,648.00)
					Legal	0.00	15,360.85	0.00	15,360.85	(5,986.67)
					Other	0.00	99,951.51	0.00	99,951.51	(124,733.70)
					Total	0.00	1,280,072.34	0.00	1,280,072.34	(145,368.37)

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	
				Open Total 6	Indemnity	14,000.00	213,414.01	158,458.80	371,872.81	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,158.35	993,580.87	394,393.54	1,387,974.41	(258.82)
					Legal	50.00	8,863.65	43,386.35	52,250.00	0.00
					Other	356.64	101,550.26	65,649.74	167,200.00	(28,149.84)
					Total	16,564.99	1,317,408.79	661,888.43	1,979,297.22	(28,408.66)

				Bourbon County Total 310	Indemnity	14,000.00	598,200.69	158,458.80	756,659.49	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,158.35	1,773,554.17	394,393.54	2,167,947.71	(14,906.82)
					Legal	50.00	24,224.50	43,386.35	67,610.85	(5,986.67)
					Other	356.64	201,501.77	65,649.74	267,151.51	(152,883.54)
					Total	16,564.99	2,597,481.13	661,888.43	3,259,369.56	(173,777.03)

ORG1 DESC : Brown 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 93	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	0.00	385,978.39	0.00	385,978.39	0.00
	Legal	0.00	9,293.80	0.00	9,293.80	0.00
	Other	0.00	25,107.56	0.00	25,107.56	(944.56)
	Total	0.00	678,503.27	0.00	678,503.27	(944.56)

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	Paid	Outstanding	Incurred	Recovery
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Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,116.10	1,383.90	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	235.35	264.65	500.00	0.00
	Total	0.00	1,351.45	1,648.55	3,000.00	0.00

Brown County Total 94	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	0.00	387,094.49	1,383.90	388,478.39	0.00
	Legal	0.00	9,293.80	0.00	9,293.80	0.00
	Other	0.00	25,342.91	264.65	25,607.56	(944.56)
	Total	0.00	679,854.72	1,648.55	681,503.27	(944.56)

ORG1 DESC : Butler 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 45	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	353.58	8,530.42	0.00	8,530.42	(7,388.53)
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	808.79	2,936.16	1,462.10	4,398.26	0.00
	Total	1,162.37	11,466.58	1,462.10	12,928.68	(7,388.53)

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	
Open Total 8					Indemnity	0.00	15,361.61	0.00	15,361.61	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	634.83	15,921.96	20,778.04	36,700.00	(2,000.00)
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	145.62	907.35	5,892.65	6,800.00	0.00
					Total	780.45	32,190.92	26,670.69	58,861.61	(2,000.00)

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	
Re-Open Total 1					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	763.82	1,205.78	1,294.22	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	85.35	350.64	149.36	500.00	0.00
					Total	849.17	1,556.42	1,443.58	3,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Butler County Total 54	Indemnity	0.00	15,361.61	0.00	15,361.61	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,752.23	25,658.16	22,072.26	47,730.42	(9,388.53)
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	1,039.76	4,194.15	7,504.11	11,698.26	0.00
	Total	2,791.99	45,213.92	29,576.37	74,790.29	(9,388.53)

ORG1 DESC : Chase County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 32	Indemnity	0.00	2,479.64	0.00	2,479.64	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	28,864.62	0.00	28,864.62	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	1,866.15	0.00	1,866.15	0.00
					Total	0.00	33,210.41	0.00	33,210.41	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 1	Indemnity	0.00	1,322.76	23,753.76	25,076.52	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	27,914.31	10,335.69	38,250.00	0.00
					Legal	0.00	548.70	7,951.30	8,500.00	0.00
					Other	0.00	3,409.16	2,453.34	5,862.50	0.00
					Total	0.00	33,194.93	44,494.09	77,689.02	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Chase County Total 33	Indemnity	0.00	3,802.40	23,753.76	27,556.16	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	56,778.93	10,335.69	67,114.62	0.00
	Legal	0.00	548.70	7,951.30	8,500.00	0.00
	Other	0.00	5,275.31	2,453.34	7,728.65	0.00
	Total	0.00	66,405.34	44,494.09	110,899.43	0.00

ORG1 DESC : Chautauqua County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 100	Indemnity	0.00	237,185.97	0.00	237,185.97	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	448,483.38	0.00	448,483.38	0.00
					Legal	0.00	2,026.50	0.00	2,026.50	0.00
					Other	0.00	43,648.77	0.00	43,648.77	(11,977.87)
					Total	0.00	731,344.62	0.00	731,344.62	(11,977.87)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				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
					Medical	0.00	11,690.83	3,809.17	15,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	1,460.06	1,739.94	3,200.00	0.00
					Total	0.00	13,150.89	5,549.11	18,700.00	0.00



Claim Summary - Workers Compensation

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Chautauqua County Total 102	Indemnity	0.00	237,185.97	0.00	237,185.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	460,174.21	3,809.17	463,983.38	0.00
	Legal	0.00	2,026.50	0.00	2,026.50	0.00
	Other	0.00	45,108.83	1,739.94	46,848.77	(11,977.87)
	Total	0.00	744,495.51	5,549.11	750,044.62	(11,977.87)

ORG1 DESC : Cherokee County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 427					Indemnity	0.00	1,082,592.25	0.00	1,082,592.25	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,395,842.98	0.00	1,395,842.98	0.00
					Legal	10,311.50	75,704.01	0.00	75,704.01	0.00
					Other	0.00	127,922.54	0.00	127,922.54	(33,794.04)
					Total	10,311.50	2,682,061.78	0.00	2,682,061.78	(33,794.04)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 9					Indemnity	0.00	89,531.44	22,883.04	112,414.48	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	21,598.22	100,580.80	27,667.58	128,248.38	0.00
					Legal	0.00	596.25	10,003.75	10,600.00	0.00
					Other	3,181.37	14,386.68	7,213.32	21,600.00	0.00
					Total	24,779.59	205,095.17	67,767.69	272,862.86	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Cherokee County Total 436	Indemnity	0.00	1,172,123.69	22,883.04	1,195,006.73	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	21,598.22	1,496,423.78	27,667.58	1,524,091.36	0.00
	Legal	10,311.50	76,300.26	10,003.75	86,304.01	0.00
	Other	3,181.37	142,309.22	7,213.32	149,522.54	(33,794.04)
	Total	35,091.09	2,887,156.95	67,767.69	2,954,924.64	(33,794.04)

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	Paid	Outstanding	Incurred	Recovery	
				Closed Total 37	Indemnity	0.00	7,617.62	0.00	7,617.62	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	75,890.71	0.00	75,890.71	0.00
					Legal	0.00	11,684.25	0.00	11,684.25	0.00
					Other	0.00	1,373.93	0.00	1,373.93	0.00
					Total	0.00	96,566.51	0.00	96,566.51	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	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	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
					Total	0.00	0.00	3,000.00	3,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Cheyenne County Total 38	Indemnity	0.00	7,617.62	0.00	7,617.62	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	75,890.71	2,500.00	78,390.71	0.00
	Legal	0.00	11,684.25	0.00	11,684.25	0.00
	Other	0.00	1,373.93	500.00	1,873.93	0.00
	Total	0.00	96,566.51	3,000.00	99,566.51	0.00

ORG1 DESC : Clark 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	
				Closed Total 25	Indemnity	0.00	12,659.85	0.00	12,659.85	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	61,575.67	0.00	61,575.67	(3,651.20)
					Legal	0.00	511.50	0.00	511.50	0.00
					Other	0.00	8,197.43	0.00	8,197.43	0.00
					Total	0.00	82,944.45	0.00	82,944.45	(3,651.20)

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	
				Open Total 4	Indemnity	0.00	428.84	47,286.52	47,715.36	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,479.24	166,167.49	43,532.51	209,700.00	(1,000.00)
					Legal	0.00	0.00	1,200.00	1,200.00	0.00
					Other	102.86	16,961.14	9,038.86	26,000.00	0.00
					Total	1,582.10	183,557.47	101,057.89	284,615.36	(1,000.00)



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Clark County Total 29	Indemnity	0.00	13,088.69	47,286.52	60,375.21	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,479.24	227,743.16	43,532.51	271,275.67	(4,651.20)
	Legal	0.00	511.50	1,200.00	1,711.50	0.00
	Other	102.86	25,158.57	9,038.86	34,197.43	0.00
	Total	1,582.10	266,501.92	101,057.89	367,559.81	(4,651.20)

ORG1 DESC : Clay County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 289					Indemnity	0.00	190,384.07	0.00	190,384.07	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	27.17	522,356.08	0.00	522,356.08	(15,087.26)
					Legal	0.00	7,444.00	0.00	7,444.00	0.00
					Other	3.91	60,335.86	0.00	60,335.86	(25,079.92)
					Total	31.08	780,520.01	0.00	780,520.01	(40,167.18)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
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	1,586.69	120,281.92	103,918.08	224,200.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	10.08	13,740.42	11,859.58	25,600.00	0.00
					Total	1,596.77	137,067.16	163,332.84	300,400.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 1	Indemnity	0.00	95,276.30	0.00	95,276.30	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	189,499.96	28,702.21	218,202.17	0.00
					Legal	0.00	975.50	3,024.50	4,000.00	0.00
					Other	0.00	19,114.98	885.02	20,000.00	0.00
					Total	0.00	304,866.74	32,611.73	337,478.47	0.00
				Clay County Total 294	Indemnity	0.00	288,705.19	46,955.18	335,660.37	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,613.86	832,137.96	132,620.29	964,758.25	(15,087.26)
					Legal	0.00	8,419.50	3,624.50	12,044.00	0.00
					Other	13.99	93,191.26	12,744.60	105,935.86	(25,079.92)
					Total	1,627.85	1,222,453.91	195,944.57	1,418,398.48	(40,167.18)

ORG1 DESC : Cloud 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	
				Closed Total 411	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	382,128.86	0.00	382,128.86	(4,807.87)
					Legal	0.00	1,376.00	0.00	1,376.00	0.00
					Other	0.00	32,253.80	0.00	32,253.80	(2,972.65)
					Total	0.00	806,777.34	0.00	806,777.34	(7,780.52)

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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Open Total 5		Indemnity	0.00	3,335.74	6,281.91	9,617.65	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	858.02	26,917.29	14,032.71	40,950.00	0.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00	0.00
	Other	65.21	2,621.41	4,878.59	7,500.00	0.00	0.00
Total		923.23	32,874.44	25,793.21	58,667.65		0.00

Cloud County Total 416		Indemnity	0.00	394,354.42	6,281.91	400,636.33	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	858.02	409,046.15	14,032.71	423,078.86	(4,807.87)	0.00
	Legal	0.00	1,376.00	600.00	1,976.00	0.00	0.00
	Other	65.21	34,875.21	4,878.59	39,753.80	(2,972.65)	0.00
Total		923.23	839,651.78	25,793.21	865,444.99	(7,780.52)	

ORG1 DESC : Comanche County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 140					0.00	61,181.75	0.00	61,181.75	0.00
	Rehab	0.00	0.00		0.00	0.00	0.00	0.00	0.00
	Medical	0.00	186,575.75		0.00	186,575.75	0.00	186,575.75	0.00
	Legal	0.00	1,376.00		0.00	1,376.00	0.00	1,376.00	0.00
	Other	0.00	26,983.23		0.00	26,983.23	0.00	26,983.23	(7,532.69)
Total		0.00	276,116.73		0.00	276,116.73	0.00	276,116.73	(7,532.69)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

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
		Medical	0.00	1,359.84	6,840.16	8,200.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	129.49	1,970.51	2,100.00	0.00
		Total	0.00	1,489.33	8,810.67	10,300.00	0.00
Comanche County Total 142		Indemnity	0.00	61,181.75	0.00	61,181.75	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	187,935.59	6,840.16	194,775.75	0.00
		Legal	0.00	1,376.00	0.00	1,376.00	0.00
		Other	0.00	27,112.72	1,970.51	29,083.23	(7,532.69)
		Total	0.00	277,606.06	8,810.67	286,416.73	(7,532.69)

ORG1 DESC : Comanche Hospital
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
Closed Total 40									
		Indemnity	0.00	25,411.83	0.00	25,411.83	0.00	0.00	
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	
		Medical	0.00	45,944.59	0.00	45,944.59	0.00	0.00	
		Legal	0.00	492.00	0.00	492.00	0.00	0.00	
		Other	0.00	4,341.38	0.00	4,341.38	0.00	0.00	
		Total	0.00	76,189.80	0.00	76,189.80	0.00	0.00	
Comanche Hospital Total 40		Indemnity	0.00	25,411.83	0.00	25,411.83	0.00	0.00	
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	
		Medical	0.00	45,944.59	0.00	45,944.59	0.00	0.00	
		Legal	0.00	492.00	0.00	492.00	0.00	0.00	
		Other	0.00	4,341.38	0.00	4,341.38	0.00	0.00	
		Total	0.00	76,189.80	0.00	76,189.80	0.00	0.00	

ORG1 DESC : Cowley County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Run Date: 07/02/2024 08:07:22

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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 200	Indemnity	0.00	201,830.30	0.00	201,830.30	(500.00)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	377,608.84	0.00	377,608.84	(38,169.77)
					Legal	0.00	18,186.35	0.00	18,186.35	0.00
					Other	0.00	68,084.86	0.00	68,084.86	(15,139.56)
					Total	0.00	665,710.35	0.00	665,710.35	(53,809.33)

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	
				Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	79.98	2,420.02	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	19.80	480.20	500.00	0.00
					Total	0.00	99.78	2,900.22	3,000.00	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	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-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
					Medical	1,396.94	2,407.06	1,592.94	4,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	57.43	435.32	564.68	1,000.00	0.00
					Total	1,454.37	2,842.38	2,157.62	5,000.00	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Cowley County Total 203	Indemnity	0.00	201,830.30	0.00	201,830.30	(500.00)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,396.94	380,095.88	4,012.96	384,108.84	(38,169.77)
	Legal	0.00	18,186.35	0.00	18,186.35	0.00
	Other	57.43	68,539.98	1,044.88	69,584.86	(15,139.56)
	Total	1,454.37	668,652.51	5,057.84	673,710.35	(53,809.33)

ORG1 DESC : DDS-GEARY COUNTY Facility

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
				Closed Total 4	Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	5,592.43	0.00	5,592.43
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	183.90	0.00	183.90
					Total	0.00	5,776.33	0.00	5,776.33

				DDS-GEARY COUNTY Facility Total 4	Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	5,592.43	0.00	5,592.43
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	183.90	0.00	183.90
					Total	0.00	5,776.33	0.00	5,776.33

ORG1 DESC : Decatur County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 164		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	355,321.07	0.00	355,321.07	0.00
		Legal	0.00	4,956.45	0.00	4,956.45	0.00
		Other	0.00	39,735.25	0.00	39,735.25	(25,000.00)
		Total	0.00	598,638.79	0.00	598,638.79	(25,000.00)
Decatur County Total 164		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	355,321.07	0.00	355,321.07	0.00
		Legal	0.00	4,956.45	0.00	4,956.45	0.00
		Other	0.00	39,735.25	0.00	39,735.25	(25,000.00)
		Total	0.00	598,638.79	0.00	598,638.79	(25,000.00)

ORG1 DESC : Decatur Health Systems
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
Closed Total 88									
					0.00	147,031.50	0.00	147,031.50	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	137,991.71	0.00	137,991.71	0.00
					0.00	3,974.50	0.00	3,974.50	0.00
					0.00	39,981.80	0.00	39,981.80	(601.91)
					0.00	328,979.51	0.00	328,979.51	(601.91)
Decatur Health Systems Total 88									
					0.00	147,031.50	0.00	147,031.50	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	137,991.71	0.00	137,991.71	0.00
					0.00	3,974.50	0.00	3,974.50	0.00
					0.00	39,981.80	0.00	39,981.80	(601.91)
					0.00	328,979.51	0.00	328,979.51	(601.91)

ORG1 DESC : Dickinson County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 424	Indemnity	0.00	631,033.28	0.00	631,033.28	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	903,451.36	0.00	903,451.36	(3,660.76)
					Legal	0.00	6,821.25	0.00	6,821.25	0.00
					Other	0.00	63,672.60	0.00	63,672.60	(104,198.93)
					Total	0.00	1,604,978.49	0.00	1,604,978.49	(107,859.69)

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	Paid	Outstanding	Incurred	Recovery	
				Open Total 7	Indemnity	0.00	148,137.41	7,217.80	155,355.21	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	892.38	201,555.89	54,649.24	256,205.13	0.00
					Legal	0.00	14,697.05	600.00	15,297.05	0.00
					Other	141.66	13,851.65	9,828.35	23,680.00	0.00
					Total	1,034.04	378,242.00	72,295.39	450,537.39	0.00

				Dickinson County Total 431	Indemnity	0.00	779,170.69	7,217.80	786,388.49	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	892.38	1,105,007.25	54,649.24	1,159,656.49	(3,660.76)
					Legal	0.00	21,518.30	600.00	22,118.30	0.00
					Other	141.66	77,524.25	9,828.35	87,352.60	(104,198.93)
					Total	1,034.04	1,983,220.49	72,295.39	2,055,515.88	(107,859.69)

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	Paid	Outstanding	Incurred	Recovery
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 133	Indemnity	0.00	207,480.40	0.00	207,480.40	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	328,602.30	0.00	328,602.30	(9,379.39)
	Legal	0.00	6,523.20	0.00	6,523.20	0.00
	Other	0.00	21,676.83	0.00	21,676.83	(20,403.94)
	Total	0.00	564,282.73	0.00	564,282.73	(29,783.33)

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
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Open Total 6	Indemnity	0.00	6,771.29	7,712.55	14,483.84	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	17.59	4,412.60	47,037.40	51,450.00	0.00
	Legal	0.00	0.00	650.00	650.00	0.00
	Other	9.75	371.03	8,228.97	8,600.00	0.00
	Total	27.34	11,554.92	63,628.92	75,183.84	0.00

Doniphan County Total 139	Indemnity	0.00	214,251.69	7,712.55	221,964.24	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	17.59	333,014.90	47,037.40	380,052.30	(9,379.39)
	Legal	0.00	6,523.20	650.00	7,173.20	0.00
	Other	9.75	22,047.86	8,228.97	30,276.83	(20,403.94)
	Total	27.34	575,837.65	63,628.92	639,466.57	(29,783.33)

ORG1 DESC : Edwards 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 98	Indemnity	0.00	208,371.01	0.00	208,371.01	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	358,824.90	0.00	358,824.90	0.00
	Legal	0.00	492.00	0.00	492.00	0.00
	Other	0.00	30,515.23	0.00	30,515.23	(177.82)
	Total	0.00	598,203.14	0.00	598,203.14	(177.82)

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
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Open Total 3	Indemnity	0.00	3,709.51	1,790.49	5,500.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,584.81	5,275.04	4,674.96	9,950.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	(372.66)	364.24	2,735.76	3,100.00	0.00
	Total	3,212.15	9,348.79	9,801.21	19,150.00	0.00

Edwards County Total 101	Indemnity	0.00	212,080.52	1,790.49	213,871.01	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,584.81	364,099.94	4,674.96	368,774.90	0.00
	Legal	0.00	492.00	600.00	1,092.00	0.00
	Other	(372.66)	30,879.47	2,735.76	33,615.23	(177.82)
	Total	3,212.15	607,551.93	9,801.21	617,353.14	(177.82)

ORG1 DESC : Elk 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 135	Indemnity	0.00	408,425.00	0.00	408,425.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	13.75	423,162.78	0.00	423,162.78	(37,832.88)
	Legal	0.00	5,959.35	0.00	5,959.35	0.00
	Other	9.69	45,555.43	0.00	45,555.43	0.00
	Total	23.44	883,102.56	0.00	883,102.56	(37,832.88)

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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Re-Open Total 1	Indemnity	0.00	15,472.79	15,000.00	30,472.79	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	753.12	245,750.77	89,599.73	335,350.50	(78,951.51)
	Legal	0.00	1,403.75	7,096.25	8,500.00	0.00
	Other	19.00	17,304.14	11,820.86	29,125.00	0.00
	Total	772.12	279,931.45	123,516.84	403,448.29	(78,951.51)

Elk County Total 136	Indemnity	0.00	423,897.79	15,000.00	438,897.79	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	766.87	668,913.55	89,599.73	758,513.28	(116,784.39)
	Legal	0.00	7,363.10	7,096.25	14,459.35	0.00
	Other	28.69	62,859.57	11,820.86	74,680.43	0.00
	Total	795.56	1,163,034.01	123,516.84	1,286,550.85	(116,784.39)

ORG1 DESC : Ellis 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 348	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	330.37	689,053.91	0.00	689,053.91	0.00
	Legal	0.00	8,014.60	0.00	8,014.60	0.00
	Other	112.00	57,987.76	0.00	57,987.76	(57,317.78)
	Total	442.37	1,057,566.58	0.00	1,057,566.58	(57,317.78)

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	
Open Total 11					Indemnity	0.00	13,992.30	2,027.70	16,020.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,693.00	11,603.45	32,546.55	44,150.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	513.20	1,709.99	6,190.01	7,900.00	0.00
					Total	2,206.20	27,305.74	41,364.26	68,670.00	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	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	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
					Total	0.00	3,438.77	1,261.23	4,700.00	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Ellis County Total 360	Indemnity	0.00	316,502.61	2,027.70	318,530.31	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,023.37	703,530.11	33,173.80	736,703.91	0.00
	Legal	0.00	8,014.60	600.00	8,614.60	0.00
	Other	625.20	60,263.77	6,823.99	67,087.76	(57,317.78)
	Total	2,648.57	1,088,311.09	42,625.49	1,130,936.58	(57,317.78)

ORG1 DESC : Ellsworth County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 269					Indemnity	0.00	350,074.01	0.00	350,074.01	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	710,088.62	0.00	710,088.62	(188,250.83)
					Legal	0.00	42,272.91	0.00	42,272.91	0.00
					Other	0.00	64,706.44	0.00	64,706.44	0.00
					Total	0.00	1,167,141.98	0.00	1,167,141.98	(188,250.83)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
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
					Medical	0.00	305.00	2,895.00	3,200.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	9.50	590.50	600.00	0.00
					Total	0.00	314.50	3,485.50	3,800.00	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Ellsworth County Total 271	Indemnity	0.00	350,074.01	0.00	350,074.01	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	710,393.62	2,895.00	713,288.62	(188,250.83)
	Legal	0.00	42,272.91	0.00	42,272.91	0.00
	Other	0.00	64,715.94	590.50	65,306.44	0.00
	Total	0.00	1,167,456.48	3,485.50	1,170,941.98	(188,250.83)

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					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 6	Indemnity	0.00	11,108.88	0.00	11,108.88	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	30,081.54	0.00	30,081.54	(2,500.00)
					Legal	0.00	524.50	0.00	524.50	0.00
					Other	0.00	1,427.37	0.00	1,427.37	(304.49)
					Total	0.00	43,142.29	0.00	43,142.29	(2,804.49)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,321.72	2,178.28	3,500.00	(125.88)
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	116.51	583.49	700.00	0.00
					Total	0.00	1,438.23	2,761.77	4,200.00	(125.88)



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Ellsworth County RWD No 1 Total 7	Indemnity	0.00	11,108.88	0.00	11,108.88	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	31,403.26	2,178.28	33,581.54	(2,625.88)
	Legal	0.00	524.50	0.00	524.50	0.00
	Other	0.00	1,543.88	583.49	2,127.37	(304.49)
	Total	0.00	44,580.52	2,761.77	47,342.29	(2,930.37)

ORG1 DESC : Finney 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	
				Closed Total 84	Indemnity	0.00	23,761.80	0.00	23,761.80	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,185.00	45,771.20	0.00	45,771.20	0.00
					Legal	0.00	997.00	0.00	997.00	0.00
					Other	286.56	3,978.69	0.00	3,978.69	0.00
					Total	1,471.56	74,508.69	0.00	74,508.69	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	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 6	Indemnity	0.00	12,025.77	16,635.59	28,661.36	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,307.82	45,015.71	16,884.29	61,900.00	0.00
					Legal	0.00	492.00	108.00	600.00	0.00
					Other	178.97	2,081.92	8,268.08	10,350.00	0.00
					Total	1,486.79	59,615.40	41,895.96	101,511.36	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Finney County Total 90	Indemnity	0.00	35,787.57	16,635.59	52,423.16	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,492.82	90,786.91	16,884.29	107,671.20	0.00
	Legal	0.00	1,489.00	108.00	1,597.00	0.00
	Other	465.53	6,060.61	8,268.08	14,328.69	0.00
	Total	2,958.35	134,124.09	41,895.96	176,020.05	0.00

ORG1 DESC : Ford County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 570					Indemnity	0.00	1,057,988.87	0.00	1,057,988.87	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	410.74	953,532.57	0.00	953,532.57	(3,873.46)
					Legal	0.00	22,006.80	0.00	22,006.80	0.00
					Other	17.34	94,098.73	0.00	94,098.73	(39,155.80)
					Total	428.08	2,127,626.97	0.00	2,127,626.97	(43,029.26)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 29					Indemnity	0.00	20,675.91	142,904.09	163,580.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,010.23	280,260.59	177,489.41	457,750.00	0.00
					Legal	0.00	2,522.50	26,527.50	29,050.00	0.00
					Other	238.54	20,512.00	38,603.00	59,115.00	0.00
					Total	2,248.77	323,971.00	385,524.00	709,495.00	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 1	Indemnity	0.00	0.00	2,000.00	2,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	188.40	3,000.00	3,188.40	0.00
					Legal	0.00	0.00	2,000.00	2,000.00	0.00
					Other	0.00	19.10	90.50	109.60	0.00
					Total	0.00	207.50	7,090.50	7,298.00	0.00
				Ford County Total 600	Indemnity	0.00	1,078,664.78	144,904.09	1,223,568.87	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,420.97	1,233,981.56	180,489.41	1,414,470.97	(3,873.46)
					Legal	0.00	24,529.30	28,527.50	53,056.80	0.00
					Other	255.88	114,629.83	38,693.50	153,323.33	(39,155.80)
					Total	2,676.85	2,451,805.47	392,614.50	2,844,419.97	(43,029.26)

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	Paid	Outstanding	Incurred	Recovery	
				Closed Total 744	Indemnity	0.00	942,308.48	0.00	942,308.48	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	190.37	1,416,969.04	0.00	1,416,969.04	(21,333.59)
					Legal	0.00	41,032.45	0.00	41,032.45	0.00
					Other	9.50	156,812.43	0.00	156,812.43	(22,962.95)
					Total	199.87	2,557,122.40	0.00	2,557,122.40	(44,296.54)

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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Open Total 13	Indemnity	0.00	246,251.17	44,150.79	290,401.96	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,635.02	261,213.28	66,886.72	328,100.00	0.00
	Legal	0.00	937.90	12,662.10	13,600.00	0.00
	Other	217.66	40,621.50	28,426.00	69,047.50	0.00
	Total	1,852.68	549,023.85	152,125.61	701,149.46	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	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 2	Indemnity	0.00	39,780.00	13,000.00	52,780.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	31,524.44	9,051.76	40,576.20	0.00
	Legal	0.00	4,069.71	2,430.29	6,500.00	0.00
	Other	0.00	5,209.02	3,321.00	8,530.02	0.00
	Total	0.00	80,583.17	27,803.05	108,386.22	0.00

Franklin County Total 759	Indemnity	0.00	1,228,339.65	57,150.79	1,285,490.44	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,825.39	1,709,706.76	75,938.48	1,785,645.24	(21,333.59)
	Legal	0.00	46,040.06	15,092.39	61,132.45	0.00
	Other	227.16	202,642.95	31,747.00	234,389.95	(22,962.95)
	Total	2,052.55	3,186,729.42	179,928.66	3,366,658.08	(44,296.54)

ORG1 DESC : Geary 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 789	Indemnity	0.00	829,215.08	0.00	829,215.08	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	700.00	1,387,306.28	0.00	1,387,306.28	(49,476.59)
	Legal	0.00	40,400.79	0.00	40,400.79	(33.50)
	Other	0.00	193,403.90	0.00	193,403.90	(30,701.97)
	Total	700.00	2,450,326.05	0.00	2,450,326.05	(80,212.06)

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
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Open Total 16	Indemnity	0.00	10,712.50	70,648.48	81,360.98	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,417.62	64,368.25	103,281.75	167,650.00	0.00
	Legal	0.00	1,569.00	28,631.00	30,200.00	0.00
	Other	855.25	15,247.20	25,552.80	40,800.00	0.00
	Total	3,272.87	91,896.95	228,114.03	320,010.98	0.00

Geary County Total 805	Indemnity	0.00	839,927.58	70,648.48	910,576.06	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,117.62	1,451,674.53	103,281.75	1,554,956.28	(49,476.59)
	Legal	0.00	41,969.79	28,631.00	70,600.79	(33.50)
	Other	855.25	208,651.10	25,552.80	234,203.90	(30,701.97)
	Total	3,972.87	2,542,223.00	228,114.03	2,770,337.03	(80,212.06)

ORG1 DESC : Gove 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 92	Indemnity	0.00	471,527.89	0.00	471,527.89	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,363.79	363,742.70	0.00	363,742.70	0.00
	Legal	0.00	20,997.17	0.00	20,997.17	0.00
	Other	58.38	47,001.95	0.00	47,001.95	(5,352.49)
	Total	1,422.17	903,269.71	0.00	903,269.71	(5,352.49)

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
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Open Total 3	Indemnity	0.00	4,278.34	80,121.66	84,400.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	262,660.94	9,154.67	271,815.61	(49,733.03)
	Legal	0.00	378.80	9,171.20	9,550.00	0.00
	Other	0.00	25,042.71	19,082.29	44,125.00	0.00
	Total	0.00	292,360.79	117,529.82	409,890.61	(49,733.03)

Gove County Total 95	Indemnity	0.00	475,806.23	80,121.66	555,927.89	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,363.79	626,403.64	9,154.67	635,558.31	(49,733.03)
	Legal	0.00	21,375.97	9,171.20	30,547.17	0.00
	Other	58.38	72,044.66	19,082.29	91,126.95	(5,352.49)
	Total	1,422.17	1,195,630.50	117,529.82	1,313,160.32	(55,085.52)

ORG1 DESC : Graham County-OLD

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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed 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
		Medical	0.00	145,906.56	0.00	145,906.56	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	11,978.24	0.00	11,978.24	0.00
Total			0.00	237,823.98	0.00	237,823.98	0.00

Graham County-OLD 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
		Medical	0.00	145,906.56	0.00	145,906.56	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	11,978.24	0.00	11,978.24	0.00
Total			0.00	237,823.98	0.00	237,823.98	0.00

ORG1 DESC : Grant County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 281					0.00	161,485.05	0.00	161,485.05	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	519,740.91	0.00	519,740.91	(13,770.43)
					0.00	392.00	0.00	392.00	0.00
					0.00	19,881.92	0.00	19,881.92	0.00
Total					0.00	701,499.88	0.00	701,499.88	(13,770.43)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	3,500.00	3,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	29.95	470.05	500.00	0.00
	Total	0.00	29.95	3,970.05	4,000.00	0.00
Grant County Total 282	Indemnity	0.00	161,485.05	0.00	161,485.05	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	519,740.91	3,500.00	523,240.91	(13,770.43)
	Legal	0.00	392.00	0.00	392.00	0.00
	Other	0.00	19,911.87	470.05	20,381.92	0.00
	Total	0.00	701,529.83	3,970.05	705,499.88	(13,770.43)

ORG1 DESC : Gray County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>	
Closed Total 201					Indemnity	0.00	355,442.60	0.00	355,442.60	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	581,911.02	0.00	581,911.02	(118,439.57)
					Legal	0.00	25,002.82	0.00	25,002.82	0.00
					Other	0.00	42,754.59	0.00	42,754.59	0.00
					Total	0.00	1,005,111.03	0.00	1,005,111.03	(118,439.57)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2024 - 06/30/2024

Open Total 3	Indemnity	0.00	32,993.96	87,978.13	120,972.09	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	106,156.48	13,893.52	120,050.00	0.00
	Legal	0.00	913.15	16,586.85	17,500.00	0.00
	Other	0.00	15,125.33	10,809.67	25,935.00	0.00
	Total	0.00	155,188.92	129,268.17	284,457.09	0.00
Gray County Total 204	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	0.00	688,067.50	13,893.52	701,961.02	(118,439.57)
	Legal	0.00	25,915.97	16,586.85	42,502.82	0.00
	Other	0.00	57,879.92	10,809.67	68,689.59	0.00
	Total	0.00	1,160,299.95	129,268.17	1,289,568.12	(118,439.57)

ORG1 DESC : Greeley County
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
Open Total 1	Indemnity	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
	Medical	0.00	709.48	1,790.52	2,500.00	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	434.16	500.00	0.00	0.00	0.00	0.00
	Other	0.00	65.84	434.16	500.00	0.00	0.00	0.00	0.00
	Total	0.00	775.32	2,224.68	3,000.00	0.00	0.00	0.00	0.00
Greeley County Total 1	Indemnity	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
	Medical	0.00	709.48	1,790.52	2,500.00	0.00	0.00	0.00	0.00
	Legal	0.00	0.00	434.16	500.00	0.00	0.00	0.00	0.00
	Other	0.00	65.84	434.16	500.00	0.00	0.00	0.00	0.00
	Total	0.00	775.32	2,224.68	3,000.00	0.00	0.00	0.00	0.00

ORG1 DESC : Greenwood County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Run Date: 07/02/2024 08:07:22

TRISTAR - Confidential

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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 192	Indemnity	0.00	575,022.21	0.00	575,022.21	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	628,650.22	0.00	628,650.22	0.00
					Legal	0.00	4,593.70	0.00	4,593.70	0.00
					Other	0.00	71,573.65	0.00	71,573.65	(5,183.55)
					Total	0.00	1,279,839.78	0.00	1,279,839.78	(5,183.55)

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	
				Open Total 3	Indemnity	0.00	43,044.46	0.00	43,044.46	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	57,481.93	4,001.00	61,482.93	0.00
					Legal	0.00	216.00	0.00	216.00	0.00
					Other	0.00	15,920.96	1,000.00	16,920.96	0.00
					Total	0.00	116,663.35	5,001.00	121,664.35	0.00

				Greenwood County Total 195	Indemnity	0.00	618,066.67	0.00	618,066.67	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	686,132.15	4,001.00	690,133.15	0.00
					Legal	0.00	4,809.70	0.00	4,809.70	0.00
					Other	0.00	87,494.61	1,000.00	88,494.61	(5,183.55)
					Total	0.00	1,396,503.13	5,001.00	1,401,504.13	(5,183.55)

ORG1 DESC : Hamilton 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 246	Indemnity	0.00	173,148.20	0.00	173,148.20	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	367,820.77	0.00	367,820.77	0.00
	Legal	0.00	9,580.00	0.00	9,580.00	0.00
	Other	0.00	25,003.78	0.00	25,003.78	0.00
	Total	0.00	575,552.75	0.00	575,552.75	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	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 4	Indemnity	0.00	14,564.02	24,749.90	39,313.92	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,009.99	69,297.51	12,152.49	81,450.00	0.00
	Legal	0.00	0.00	1,200.00	1,200.00	0.00
	Other	55.69	1,797.61	11,252.39	13,050.00	0.00
	Total	2,065.68	85,659.14	49,354.78	135,013.92	0.00

Hamilton County Total 250	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
	Medical	2,009.99	437,118.28	12,152.49	449,270.77	0.00
	Legal	0.00	9,580.00	1,200.00	10,780.00	0.00
	Other	55.69	26,801.39	11,252.39	38,053.78	0.00
	Total	2,065.68	661,211.89	49,354.78	710,566.67	0.00

ORG1 DESC : Hamilton Health Systems

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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 135		Indemnity	0.00	243,887.96	0.00	243,887.96	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	342,466.75	0.00	342,466.75	0.00
		Legal	0.00	590.50	0.00	590.50	0.00
		Other	0.00	29,170.17	0.00	29,170.17	0.00
		Total	0.00	616,115.38	0.00	616,115.38	0.00
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Hamilton Health Systems Total 135		Indemnity	0.00	243,887.96	0.00	243,887.96	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	342,466.75	0.00	342,466.75	0.00
		Legal	0.00	590.50	0.00	590.50	0.00
		Other	0.00	29,170.17	0.00	29,170.17	0.00
		Total	0.00	616,115.38	0.00	616,115.38	0.00

ORG1 DESC : Harper County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u>	<u>Claimant Name</u>	<u>InjuryDate</u>	<u>Received</u>		<u>Paid</u>					
<u>Claim Type</u>	<u>Claimant Status</u>	<u>Closed</u>	<u>Examiner</u>	<u>Lit / Den</u>	<u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>	
Closed Total 428										
					0.00	705,853.84	0.00	705,853.84	0.00	
					0.00	0.00	0.00	0.00	0.00	
					0.00	987,663.10	0.00	987,663.10	0.00	
					0.00	2,742.81	0.00	2,742.81	0.00	
					28.50	96,569.16	0.00	96,569.16	(10,299.81)	
					Total	28.50	1,792,828.91	0.00	1,792,828.91	(10,299.81)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Open Total 3	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	90.00	13,381.74	19,178.26	32,560.00	0.00
	Legal	0.00	1,316.90	3,683.10	5,000.00	0.00
	Other	12.20	458.91	5,453.09	5,912.00	0.00
	Total	102.20	15,157.55	52,070.15	67,227.70	0.00
Harper County Total 431	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	90.00	1,001,044.84	19,178.26	1,020,223.10	0.00
	Legal	0.00	4,059.71	3,683.10	7,742.81	0.00
	Other	40.70	97,028.07	5,453.09	102,481.16	(10,299.81)
	Total	130.70	1,807,986.46	52,070.15	1,860,056.61	(10,299.81)

ORG1 DESC : Harvey 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	
Closed Total 280					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	61,791.70	0.00	61,791.70	(4,524.15)
					Total	0.00	1,315,854.80	0.00	1,315,854.80	(7,820.80)

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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Open Total 1	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	136,309.10	223,086.49	0.00
	Legal	0.00	2,989.00	10,511.00	13,500.00	0.00
	Other	0.00	12,544.58	3,955.42	16,500.00	0.00
	Total	0.00	152,233.77	221,257.72	373,491.49	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
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Re-Open Total 1	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	882.80	64,304.58	5,195.42	69,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	146.32	2,805.47	194.53	3,000.00	0.00
	Total	1,029.12	71,714.09	5,389.95	77,104.04	0.00

Harvey County Total 282	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
	Medical	882.80	714,238.46	141,504.52	855,742.98	(3,296.65)
	Legal	0.00	48,606.45	10,511.00	59,117.45	0.00
	Other	146.32	77,141.75	4,149.95	81,291.70	(4,524.15)
	Total	1,029.12	1,539,802.66	226,647.67	1,766,450.33	(7,820.80)

ORG1 DESC : Harvey-Marion CDDO

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	541.27	0.00	541.27	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	15.51	0.00	15.51	0.00
	Total	0.00	556.78	0.00	556.78	0.00

Harvey-Marion CDDO Total 2	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	541.27	0.00	541.27	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	15.51	0.00	15.51	0.00
	Total	0.00	556.78	0.00	556.78	0.00

ORG1 DESC : Haskell County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>	
Closed Total 86					Indemnity	0.00	183,456.26	0.00	183,456.26	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	560,278.60	0.00	560,278.60	0.00
					Legal	0.00	2,255.50	0.00	2,255.50	0.00
					Other	0.00	21,073.85	0.00	21,073.85	(41,425.31)
					Total	0.00	767,064.21	0.00	767,064.21	(41,425.31)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2024 - 06/30/2024

Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	180.85	852.99	1,647.01	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	14.07	341.47	158.53	500.00	0.00
	Total	194.92	1,194.46	1,805.54	3,000.00	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	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 1	Indemnity	0.00	91,619.00	0.00	91,619.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	156,862.39	2,300.00	159,162.39	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	8,423.51	200.00	8,623.51	0.00
	Total	0.00	256,904.90	2,500.00	259,404.90	0.00

Haskell County Total 88	Indemnity	0.00	275,075.26	0.00	275,075.26	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	180.85	717,993.98	3,947.01	721,940.99	0.00
	Legal	0.00	2,255.50	0.00	2,255.50	0.00
	Other	14.07	29,838.83	358.53	30,197.36	(41,425.31)
	Total	194.92	1,025,163.57	4,305.54	1,029,469.11	(41,425.31)

ORG1 DESC : Hodgeman 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 30	Indemnity	0.00	18,126.46	0.00	18,126.46	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	56,903.81	0.00	56,903.81	0.00
	Legal	0.00	5,095.77	0.00	5,095.77	0.00
	Other	0.00	3,142.28	0.00	3,142.28	0.00
	Total	0.00	83,268.32	0.00	83,268.32	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	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	0.00	700.00	700.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	0.00	100.00	100.00	0.00
	Total	0.00	0.00	800.00	800.00	0.00

Hodgeman County Total 31	Indemnity	0.00	18,126.46	0.00	18,126.46	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	56,903.81	700.00	57,603.81	0.00
	Legal	0.00	5,095.77	0.00	5,095.77	0.00
	Other	0.00	3,142.28	100.00	3,242.28	0.00
	Total	0.00	83,268.32	800.00	84,068.32	0.00

ORG1 DESC : Jackson 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 299	Indemnity	0.00	271,239.92	0.00	271,239.92	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	545,669.97	0.00	545,669.97	(16,870.70)
	Legal	0.00	11,757.73	0.00	11,757.73	0.00
	Other	0.00	66,719.32	0.00	66,719.32	(60,027.53)
	Total	0.00	895,386.94	0.00	895,386.94	(76,898.23)

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	
Open Total 5					Indemnity	0.00	92,500.00	0.00	92,500.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	87,193.91	66,806.09	154,000.00	0.00
					Legal	0.00	17,572.00	3,928.00	21,500.00	0.00
					Other	0.00	3,826.90	7,173.10	11,000.00	(500.00)
					Total	0.00	201,092.81	77,907.19	279,000.00	(500.00)

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	
Re-Open Total 1					Indemnity	0.00	112,089.04	25,000.00	137,089.04	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	3,360.00	279,399.57	77,920.83	357,320.40	0.00
					Legal	0.00	3,831.00	669.00	4,500.00	0.00
					Other	1,493.48	58,863.15	26,636.85	85,500.00	(29,327.84)
					Total	4,853.48	454,182.76	130,226.68	584,409.44	(29,327.84)



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Jackson County Total 305	Indemnity	0.00	475,828.96	25,000.00	500,828.96	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,360.00	912,263.45	144,726.92	1,056,990.37	(16,870.70)
	Legal	0.00	33,160.73	4,597.00	37,757.73	0.00
	Other	1,493.48	129,409.37	33,809.95	163,219.32	(89,855.37)
	Total	4,853.48	1,550,662.51	208,133.87	1,758,796.38	(106,726.07)

ORG1 DESC : Jefferson 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	
				Closed Total 492	Indemnity	0.00	699,277.05	0.00	699,277.05	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,014,931.76	0.00	1,014,931.76	(950.52)
					Legal	0.00	28,261.84	0.00	28,261.84	0.00
					Other	9.50	119,504.02	0.00	119,504.02	(98,366.06)
					Total	9.50	1,861,974.67	0.00	1,861,974.67	(99,316.58)

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	
				Open Total 4	Indemnity	0.00	0.00	9,739.04	9,739.04	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,674.56	3,947.81	12,252.19	16,200.00	0.00
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	98.42	659.54	4,480.46	5,140.00	0.00
					Total	1,772.98	4,607.35	27,071.69	31,679.04	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 1	Indemnity	0.00	28,302.06	25,000.00	53,302.06	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	20,672.05	27,647.95	48,320.00	0.00
					Legal	0.00	0.00	9,500.00	9,500.00	0.00
					Other	0.00	1,209.10	5,863.74	7,072.84	0.00
					Total	0.00	50,183.21	68,011.69	118,194.90	0.00
				Jefferson County Total 497	Indemnity	0.00	727,579.11	34,739.04	762,318.15	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,674.56	1,039,551.62	39,900.14	1,079,451.76	(950.52)
					Legal	0.00	28,261.84	10,100.00	38,361.84	0.00
					Other	107.92	121,372.66	10,344.20	131,716.86	(98,366.06)
					Total	1,782.48	1,916,765.23	95,083.38	2,011,848.61	(99,316.58)

ORG1 DESC : Jefferson County RWD 12

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	
				Closed Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	181.94	0.00	181.94	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	13.31	0.00	13.31	0.00
					Total	0.00	195.25	0.00	195.25	0.00
				Jefferson County RWD 12 Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	181.94	0.00	181.94	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	13.31	0.00	13.31	0.00
					Total	0.00	195.25	0.00	195.25	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

ORG1 DESC : Jewell 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	
				Closed Total 276	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	518,489.58	0.00	518,489.58	0.00
					Legal	0.00	19,232.50	0.00	19,232.50	0.00
					Other	0.00	44,674.41	0.00	44,674.41	(1,157.51)
					Total	0.00	1,161,789.79	0.00	1,161,789.79	(1,157.51)

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	
				Open Total 2	Indemnity	0.00	144,830.30	35,000.00	179,830.30	0.00
					Rehab	0.00	0.00	2,500.00	2,500.00	0.00
					Medical	0.00	246,426.54	67,473.46	313,900.00	0.00
					Legal	0.00	23,509.94	8,990.06	32,500.00	0.00
					Other	0.00	11,518.64	9,116.36	20,635.00	0.00
					Total	0.00	426,285.42	123,079.88	549,365.30	0.00
				Jewell County Total 278	Indemnity	0.00	724,223.60	35,000.00	759,223.60	0.00
					Rehab	0.00	0.00	2,500.00	2,500.00	0.00
					Medical	0.00	764,916.12	67,473.46	832,389.58	0.00
					Legal	0.00	42,742.44	8,990.06	51,732.50	0.00
					Other	0.00	56,193.05	9,116.36	65,309.41	(1,157.51)
					Total	0.00	1,588,075.21	123,079.88	1,711,155.09	(1,157.51)

ORG1 DESC : Kansas Association Of Counties

CLAIMANT STATUS DESC : Closed



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

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	
				Closed Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	0.00	0.00	0.00
					Total	0.00	0.00	0.00	0.00	0.00
				Kansas Association Of Counties Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	0.00	0.00	0.00
					Total	0.00	0.00	0.00	0.00	0.00

ORG1 DESC : Kearny 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	
				Closed Total 65	Indemnity	0.00	54,462.28	0.00	54,462.28	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	78,081.76	0.00	78,081.76	0.00
					Legal	0.00	1,282.50	0.00	1,282.50	0.00
					Other	0.00	3,463.84	0.00	3,463.84	0.00
					Total	0.00	137,290.38	0.00	137,290.38	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	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

		Indemnity	Rehab	Medical	Legal	Other	Total	Incurred	Recovery
Open Total 4		0.00	0.00	5,321.42	0.00	203.64	5,525.06	6,707.52	0.00
		0.00	0.00	50,591.77	0.00	1,525.42	52,117.19	6,707.52	0.00
				6,508.23	600.00	7,274.58	21,090.33	57,100.00	0.00
								600.00	0.00
								8,800.00	0.00
								73,207.52	0.00
Kearny County Total 69		0.00	0.00	5,321.42	0.00	203.64	5,525.06	61,169.80	0.00
		0.00	0.00	128,673.53	1,282.50	4,989.26	189,407.57	61,169.80	0.00
				6,508.23	600.00	7,274.58	21,090.33	135,181.76	0.00
								1,882.50	0.00
								12,263.84	0.00
								210,497.90	0.00

ORG1 DESC : Kingman County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 21					0.00	21,141.50	0.00	21,141.50	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	80,962.04	0.00	80,962.04	0.00
					0.00	492.00	0.00	492.00	0.00
					0.00	11,195.01	0.00	11,195.01	0.00
					0.00	113,790.55	0.00	113,790.55	0.00
Kingman County Total 21					0.00	21,141.50	0.00	21,141.50	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	80,962.04	0.00	80,962.04	0.00
					0.00	492.00	0.00	492.00	0.00
					0.00	11,195.01	0.00	11,195.01	0.00
					0.00	113,790.55	0.00	113,790.55	0.00

ORG1 DESC : Kiowa County
CLAIMANT STATUS DESC : Closed



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

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	
				Closed Total 5	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	2,161.93	0.00	2,161.93	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	199.54	0.00	199.54	0.00
					Total	0.00	2,361.47	0.00	2,361.47	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	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 2	Indemnity	2,199.80	16,498.50	138,501.50	155,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,585.87	306,745.80	383,754.20	690,500.00	0.00
					Legal	0.00	269.50	12,730.50	13,000.00	0.00
					Other	147.98	32,369.18	78,130.82	110,500.00	0.00
					Total	4,933.65	355,882.98	613,117.02	969,000.00	0.00
				Kiowa County Total 7	Indemnity	2,199.80	16,498.50	138,501.50	155,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,585.87	308,907.73	383,754.20	692,661.93	0.00
					Legal	0.00	269.50	12,730.50	13,000.00	0.00
					Other	147.98	32,568.72	78,130.82	110,699.54	0.00
					Total	4,933.65	358,244.45	613,117.02	971,361.47	0.00

ORG1 DESC : Lane County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 107	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	115,133.04	0.00	115,133.04	0.00
					Legal	0.00	5,183.75	0.00	5,183.75	0.00
					Other	0.00	12,394.02	0.00	12,394.02	0.00
					Total	0.00	187,582.89	0.00	187,582.89	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	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	700.00	700.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	100.00	100.00	0.00
					Total	0.00	0.00	800.00	800.00	0.00

				Lane County Total 108	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	115,133.04	700.00	115,833.04	0.00
					Legal	0.00	5,183.75	0.00	5,183.75	0.00
					Other	0.00	12,394.02	100.00	12,494.02	0.00
					Total	0.00	187,582.89	800.00	188,382.89	0.00

ORG1 DESC : Lincoln 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 275	Indemnity	0.00	216,912.26	0.00	216,912.26	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	518,073.47	0.00	518,073.47	0.00
	Legal	0.00	518.00	0.00	518.00	0.00
	Other	0.00	37,412.25	0.00	37,412.25	(756.73)
	Total	0.00	772,915.98	0.00	772,915.98	(756.73)

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
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Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	926.14	1,573.86	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	46.78	453.22	500.00	0.00
	Total	0.00	972.92	2,027.08	3,000.00	0.00

Lincoln County Total 276	Indemnity	0.00	216,912.26	0.00	216,912.26	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	518,999.61	1,573.86	520,573.47	0.00
	Legal	0.00	518.00	0.00	518.00	0.00
	Other	0.00	37,459.03	453.22	37,912.25	(756.73)
	Total	0.00	773,888.90	2,027.08	775,915.98	(756.73)

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	Paid	Outstanding	Incurred	Recovery
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 315	Indemnity	0.00	479,904.71	0.00	479,904.71	(14,013.80)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	88.20	764,249.81	0.00	764,249.81	(19,661.57)
	Legal	0.00	3,586.50	0.00	3,586.50	0.00
	Other	12.15	65,448.21	0.00	65,448.21	0.00
	Total	100.35	1,313,189.23	0.00	1,313,189.23	(33,675.37)

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	
Open Total 5					Indemnity	1,982.96	74,432.50	466,572.42	541,004.92	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	7,077.06	301,046.49	159,881.34	460,927.83	0.00
					Legal	98.50	10,257.39	14,892.61	25,150.00	0.00
					Other	920.69	16,834.42	53,885.30	70,719.72	0.00
					Total	10,079.21	402,570.80	695,231.67	1,097,802.47	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	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	1,429.48	5,070.52	6,500.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	10,875.93	10,624.07	21,500.00	0.00
					Legal	0.00	0.00	550.00	550.00	0.00
					Other	0.00	1,313.38	2,086.62	3,400.00	0.00
					Total	0.00	13,618.79	18,331.21	31,950.00	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Linn County Total 321	Indemnity	1,982.96	555,766.69	471,642.94	1,027,409.63	(14,013.80)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	7,165.26	1,076,172.23	170,505.41	1,246,677.64	(19,661.57)
	Legal	98.50	13,843.89	15,442.61	29,286.50	0.00
	Other	932.84	83,596.01	55,971.92	139,567.93	0.00
	Total	10,179.56	1,729,378.82	713,562.88	2,442,941.70	(33,675.37)

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	Paid	Outstanding	Incurred	Recovery	
Closed Total 743										
					Indemnity	0.00	977,098.62	0.00	977,098.62	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	97.89	1,400,626.80	0.00	1,400,626.80	(607.18)
					Legal	0.00	40,780.70	0.00	40,780.70	0.00
					Other	24.01	195,182.30	0.00	195,182.30	(8,160.28)
					Total	121.90	2,613,688.42	0.00	2,613,688.42	(8,767.46)

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	
Open Total 7										
					Indemnity	0.00	23,074.93	113,686.94	136,761.87	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,613.55	134,774.78	95,820.63	230,595.41	0.00
					Legal	0.00	396.25	17,753.75	18,150.00	0.00
					Other	101.63	17,644.23	17,713.27	35,357.50	0.00
					Total	1,715.18	175,890.19	244,974.59	420,864.78	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Lyon County Total 750	Indemnity	0.00	1,000,173.55	113,686.94	1,113,860.49	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,711.44	1,535,401.58	95,820.63	1,631,222.21	(607.18)
	Legal	0.00	41,176.95	17,753.75	58,930.70	0.00
	Other	125.64	212,826.53	17,713.27	230,539.80	(8,160.28)
	Total	1,837.08	2,789,578.61	244,974.59	3,034,553.20	(8,767.46)

ORG1 DESC : Marion County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 322					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	677,649.76	0.00	677,649.76	(20,844.68)
					Legal	0.00	16,598.16	0.00	16,598.16	0.00
					Other	9.50	64,943.00	0.00	64,943.00	(29,697.36)
					Total	9.50	1,097,262.69	0.00	1,097,262.69	(63,401.34)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 10					Indemnity	1,500.00	4,485.93	40,779.15	45,265.08	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	20,728.27	48,698.08	81,701.92	130,400.00	0.00
					Legal	0.00	515.75	11,284.25	11,800.00	0.00
					Other	1,151.11	2,061.97	20,138.03	22,200.00	0.00
					Total	23,379.38	55,761.73	153,903.35	209,665.08	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Marion County Total 332	Indemnity	1,500.00	342,557.70	40,779.15	383,336.85	(12,859.30)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	20,728.27	726,347.84	81,701.92	808,049.76	(20,844.68)
	Legal	0.00	17,113.91	11,284.25	28,398.16	0.00
	Other	1,160.61	67,004.97	20,138.03	87,143.00	(29,697.36)
	Total	23,388.88	1,153,024.42	153,903.35	1,306,927.77	(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					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 223					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	337,888.51	0.00	337,888.51	0.00
					Legal	0.00	890.50	0.00	890.50	0.00
					Other	0.00	28,588.36	0.00	28,588.36	(63,662.41)
					Total	0.00	540,025.21	0.00	540,025.21	(63,662.41)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 1					Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	0.00	700.00	700.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	0.00	100.00	100.00	0.00
					Total	0.00	0.00	800.00	800.00	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Marshall County Total 224	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	337,888.51	700.00	338,588.51	0.00
	Legal	0.00	890.50	0.00	890.50	0.00
	Other	0.00	28,588.36	100.00	28,688.36	(63,662.41)
	Total	0.00	540,025.21	800.00	540,825.21	(63,662.41)

ORG1 DESC : McPherson 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	
				Closed Total 84	Indemnity	0.00	308,345.74	0.00	308,345.74	(500.00)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	581,357.20	0.00	581,357.20	(16,010.66)
					Legal	7,936.10	41,410.95	0.00	41,410.95	0.00
					Other	0.00	73,031.49	0.00	73,031.49	0.00
					Total	7,936.10	1,004,145.38	0.00	1,004,145.38	(16,510.66)

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	
				Open Total 3	Indemnity	16,280.55	31,664.19	30,842.04	62,506.23	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	4,505.18	39,049.30	16,550.70	55,600.00	0.00
					Legal	0.00	0.00	11,600.00	11,600.00	0.00
					Other	1,068.12	5,102.50	7,647.50	12,750.00	0.00
					Total	21,853.85	75,815.99	66,640.24	142,456.23	0.00

CLAIMANT STATUS DESC : Re-Open

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Re-Open Total 1	Indemnity	0.00	1,363.45	16,058.55	17,422.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,550.48	23,928.85	974.15	24,903.00	(500.00)
					Legal	0.00	0.00	600.00	600.00	0.00
					Other	201.29	1,881.31	3,298.69	5,180.00	0.00
					Total	2,751.77	27,173.61	21,531.39	48,705.00	(500.00)
				McPherson County Total 88	Indemnity	16,280.55	341,373.38	46,900.59	388,273.97	(500.00)
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	7,055.66	644,335.35	17,524.85	661,860.20	(16,510.66)
					Legal	7,936.10	41,410.95	12,200.00	53,610.95	0.00
					Other	1,269.41	80,015.30	10,946.19	90,961.49	0.00
					Total	32,541.72	1,107,134.98	88,171.63	1,195,306.61	(17,010.66)

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	Paid	Outstanding	Incurred	Recovery	
				Closed Total 215	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	670,717.23	0.00	670,717.23	0.00
					Legal	0.00	16,591.01	0.00	16,591.01	0.00
					Other	0.00	45,417.96	0.00	45,417.96	(7,381.97)
					Total	0.00	1,021,295.04	0.00	1,021,295.04	(7,381.97)

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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

		Indemnity	Rehab	Medical	Legal	Other	Total
Open Total 3	Indemnity	0.00	0.00	10,092.20	10,092.20	0.00	
	Rehab	0.00	0.00	0.00	0.00	0.00	
	Medical	16,297.75	22,045.46	9,704.54	31,750.00	0.00	
	Legal	0.00	0.00	0.00	0.00	0.00	
	Other	493.00	915.99	4,884.01	5,800.00	0.00	
	Total	16,790.75	22,961.45	24,680.75	47,642.20	0.00	
		Indemnity	Rehab	Medical	Legal	Other	Total
Meade County Total 218	Indemnity	0.00	288,568.84	10,092.20	298,661.04	0.00	
	Rehab	0.00	0.00	0.00	0.00	0.00	
	Medical	16,297.75	692,762.69	9,704.54	702,467.23	0.00	
	Legal	0.00	16,591.01	0.00	16,591.01	0.00	
	Other	493.00	46,333.95	4,884.01	51,217.96	(7,381.97)	
	Total	16,790.75	1,044,256.49	24,680.75	1,068,937.24	(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				
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery
		Closed Total 82	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	169,567.22	0.00	169,567.22	(382.84)
			Legal		0.00	910.00	0.00	910.00	0.00
			Other		0.00	15,086.96	0.00	15,086.96	(1,376.32)
			Total		0.00	278,108.97	0.00	278,108.97	(1,759.16)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Open Total 3		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	2,641.72	4,858.28	7,500.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	370.60	1,129.40	1,500.00	0.00
		Total	0.00	3,012.32	5,987.68	9,000.00	0.00
Metropolitan Topeka Airport Authority Total 85		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	172,208.94	4,858.28	177,067.22	(382.84)
		Legal	0.00	910.00	0.00	910.00	0.00
		Other	0.00	15,457.56	1,129.40	16,586.96	(1,376.32)
		Total	0.00	281,121.29	5,987.68	287,108.97	(1,759.16)

ORG1 DESC : Miami 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
Closed Total 729									
		Indemnity	0.00	1,321,240.27	0.00	1,321,240.27	0.00		
		Rehab	0.00	0.00	0.00	0.00	0.00		
		Medical	946.53	1,912,477.35	0.00	1,912,477.35	(2,784.23)		
		Legal	0.00	15,600.69	0.00	15,600.69	0.00		
		Other	77.24	174,283.37	0.00	174,283.37	(212,591.31)		
		Total	1,023.77	3,423,601.68	0.00	3,423,601.68	(215,375.54)		

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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Open Total 10	Indemnity	206.16	55,604.71	52,093.99	107,698.70	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	9,381.87	203,308.47	119,849.31	323,157.78	0.00
	Legal	0.00	12,985.89	13,814.11	26,800.00	0.00
	Other	1,047.51	16,802.78	26,759.72	43,562.50	0.00
	Total	10,635.54	288,701.85	212,517.13	501,218.98	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	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 1	Indemnity	0.00	0.00	156,000.00	156,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	247.00	17,032.37	29,247.15	46,279.52	0.00
	Legal	0.00	1,097.70	11,502.30	12,600.00	0.00
	Other	0.00	6,040.33	4,957.26	10,997.59	0.00
	Total	247.00	24,170.40	201,706.71	225,877.11	0.00

Miami County Total 740	Indemnity	206.16	1,376,844.98	208,093.99	1,584,938.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	10,575.40	2,132,818.19	149,096.46	2,281,914.65	(2,784.23)
	Legal	0.00	29,684.28	25,316.41	55,000.69	0.00
	Other	1,124.75	197,126.48	31,716.98	228,843.46	(212,591.31)
	Total	11,906.31	3,736,473.93	414,223.84	4,150,697.77	(215,375.54)

ORG1 DESC : Mitchell 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 139	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	456,184.26	0.00	456,184.26	0.00
	Legal	0.00	1,476.00	0.00	1,476.00	0.00
	Other	0.00	42,049.05	0.00	42,049.05	(45,137.43)
	Total	0.00	832,998.60	0.00	832,998.60	(45,137.43)

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	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 3	Indemnity	0.00	4,705.29	10,092.39	14,797.68	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	521.19	30,445.30	16,304.70	46,750.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	33.98	6,350.39	6,349.61	12,700.00	0.00
	Total	555.17	41,500.98	33,346.70	74,847.68	0.00

Mitchell County Total 142	Indemnity	0.00	337,994.58	10,092.39	348,086.97	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	521.19	486,629.56	16,304.70	502,934.26	0.00
	Legal	0.00	1,476.00	600.00	2,076.00	0.00
	Other	33.98	48,399.44	6,349.61	54,749.05	(45,137.43)
	Total	555.17	874,499.58	33,346.70	907,846.28	(45,137.43)

ORG1 DESC : Montgomery 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 43	Indemnity	0.00	32,888.07	0.00	32,888.07	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	26,193.69	0.00	26,193.69	0.00
	Legal	(962.50)	1,497.50	0.00	1,497.50	0.00
	Other	0.00	6,437.33	0.00	6,437.33	0.00
	Total	(962.50)	67,016.59	0.00	67,016.59	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	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 7	Indemnity	3,214.60	7,771.04	185,040.00	192,811.04	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	8,864.65	17,377.95	916,542.05	933,920.00	0.00
	Legal	0.00	0.00	15,600.00	15,600.00	0.00
	Other	284.77	1,208.17	133,491.83	134,700.00	0.00
	Total	12,364.02	26,357.16	1,250,673.88	1,277,031.04	0.00

Montgomery County Total 50	Indemnity	3,214.60	40,659.11	185,040.00	225,699.11	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	8,864.65	43,571.64	916,542.05	960,113.69	0.00
	Legal	(962.50)	1,497.50	15,600.00	17,097.50	0.00
	Other	284.77	7,645.50	133,491.83	141,137.33	0.00
	Total	11,401.52	93,373.75	1,250,673.88	1,344,047.63	0.00

ORG1 DESC : Morris 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 123	Indemnity	0.00	79,067.63	0.00	79,067.63	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	184,903.01	0.00	184,903.01	0.00
	Legal	0.00	343.50	0.00	343.50	0.00
	Other	0.00	10,593.64	0.00	10,593.64	(1,485.81)
	Total	0.00	274,907.78	0.00	274,907.78	(1,485.81)

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
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Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	773.24	1,726.76	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	124.33	375.67	500.00	0.00
	Total	0.00	897.57	2,102.43	3,000.00	0.00

Morris County Total 124	Indemnity	0.00	79,067.63	0.00	79,067.63	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	185,676.25	1,726.76	187,403.01	0.00
	Legal	0.00	343.50	0.00	343.50	0.00
	Other	0.00	10,717.97	375.67	11,093.64	(1,485.81)
	Total	0.00	275,805.35	2,102.43	277,907.78	(1,485.81)

ORG1 DESC : Morton 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 153	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	264,713.99	0.00	264,713.99	0.00
	Legal	0.00	9,734.30	0.00	9,734.30	0.00
	Other	0.00	31,294.04	0.00	31,294.04	(176.00)
	Total	0.00	438,348.30	0.00	438,348.30	(176.00)

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	Paid this Period	Paid	Outstanding	Incurred	Recovery	
Open Total 3					Indemnity	2,948.00	179,628.75	182,279.25	361,908.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	562.54	11,925.47	24,774.53	36,700.00	0.00
					Legal	0.00	4,685.16	2,814.84	7,500.00	0.00
					Other	0.00	439.00	3,811.00	4,250.00	0.00
					Total	3,510.54	196,678.38	213,679.62	410,358.00	0.00
Morton County Total 156					Indemnity	2,948.00	312,234.72	182,279.25	494,513.97	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	562.54	276,639.46	24,774.53	301,413.99	0.00
					Legal	0.00	14,419.46	2,814.84	17,234.30	0.00
					Other	0.00	31,733.04	3,811.00	35,544.04	(176.00)
					Total	3,510.54	635,026.68	213,679.62	848,706.30	(176.00)

ORG1 DESC : Morton County Health Care System

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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

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

ORG1 DESC : Nemaha 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
		Closed Total 1			Indemnity	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00
					Medical	0.00	90.36	0.00	90.36
					Legal	0.00	0.00	0.00	0.00
					Other	0.00	12.21	0.00	12.21
					Total	0.00	102.57	0.00	102.57

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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Open Total 2		Indemnity	0.00	0.00	3,000.00	3,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	18,927.18	21,831.21	7,668.79	29,500.00	0.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00	0.00
	Other	6,585.82	6,718.45	3,981.55	10,700.00	0.00	0.00
	Total	25,513.00	28,549.66	15,250.34	43,800.00		0.00

Nemaha County Total 3		Indemnity	0.00	0.00	3,000.00	3,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	18,927.18	21,921.57	7,668.79	29,590.36	0.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00	0.00
	Other	6,585.82	6,730.66	3,981.55	10,712.21	0.00	0.00
	Total	25,513.00	28,652.23	15,250.34	43,902.57		0.00

ORG1 DESC : Neosho County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
Closed Total 334					Indemnity	0.00	411,775.36	0.00	411,775.36	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	602,145.63	0.00	602,145.63	(90,273.41)
					Legal	0.00	25,812.00	0.00	25,812.00	0.00
					Other	0.00	75,222.55	0.00	75,222.55	(54,824.28)
					Total	0.00	1,114,955.54	0.00	1,114,955.54	(145,097.69)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Open Total 3		Indemnity	0.00	90,776.25	0.00	90,776.25	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	388,262.00	92,928.90	481,190.90	0.00
		Legal	0.00	2,029.34	15,229.04	17,258.38	0.00
		Other	0.00	35,711.74	6,888.26	42,600.00	(500.00)
		Total	0.00	516,779.33	115,046.20	631,825.53	(500.00)
Neosho County Total 337		Indemnity	0.00	502,551.61	0.00	502,551.61	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	990,407.63	92,928.90	1,083,336.53	(90,273.41)
		Legal	0.00	27,841.34	15,229.04	43,070.38	0.00
		Other	0.00	110,934.29	6,888.26	117,822.55	(55,324.28)
		Total	0.00	1,631,734.87	115,046.20	1,746,781.07	(145,597.69)

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	Paid	Outstanding	Incurred	Recovery
Closed Total 37									
					0.00	93,069.77	0.00	93,069.77	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	121,726.50	198.90	121,925.40	0.00
					0.00	9,110.35	0.00	9,110.35	0.00
					0.00	9,701.26	0.00	9,701.26	(15,000.00)
					0.00	233,607.88	198.90	233,806.78	(15,000.00)

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	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

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
	Medical	0.00	925.19	4,074.81	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	107.73	892.27	1,000.00	0.00
	Total	0.00	1,032.92	4,967.08	6,000.00	0.00
Ness County Total 39	Indemnity	0.00	93,069.77	0.00	93,069.77	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	122,651.69	4,273.71	126,925.40	0.00
	Legal	0.00	9,110.35	0.00	9,110.35	0.00
	Other	0.00	9,808.99	892.27	10,701.26	(15,000.00)
	Total	0.00	234,640.80	5,165.98	239,806.78	(15,000.00)

ORG1 DESC : North Central Kansas Regional Juvenile Detention

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	
Closed Total 74					Indemnity	0.00	3,297.94	0.00	3,297.94	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	100.35	40,550.78	0.00	40,550.78	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	19.00	7,846.37	0.00	7,846.37	0.00
					Total	119.35	51,695.09	0.00	51,695.09	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	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Open Total 11		Indemnity	0.00	0.00	3,500.00	3,500.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	859.94	3,197.04	36,002.96	39,200.00	0.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00	0.00
	Other	83.23	579.10	8,520.90	9,100.00	0.00	0.00
Total		943.17	3,776.14	48,623.86	52,400.00	0.00	0.00

North Central Kansas Regional Juvenile Detention Total 85		Indemnity	0.00	3,297.94	3,500.00	6,797.94	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	960.29	43,747.82	36,002.96	79,750.78	0.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00	0.00
	Other	102.23	8,425.47	8,520.90	16,946.37	0.00	0.00
Total		1,062.52	55,471.23	48,623.86	104,095.09	0.00	0.00

ORG1 DESC : Northwest Kansas Regional Recycling Center
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
Closed Total 13									
					0.00	82.43	0.00	82.43	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	15,902.70	0.00	15,902.70	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	883.97	0.00	883.97	0.00
Total					0.00	16,869.10	0.00	16,869.10	0.00

Northwest Kansas Regional Recycling Center Total 13		Indemnity	0.00	82.43	0.00	82.43	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	15,902.70	0.00	15,902.70	0.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00	0.00
	Other	0.00	883.97	0.00	883.97	0.00	0.00
Total		0.00	16,869.10	0.00	16,869.10	0.00	0.00

ORG1 DESC : Norton County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 175	Indemnity	0.00	212,226.86	0.00	212,226.86	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	419,335.48	0.00	419,335.48	(9,321.56)
					Legal	0.00	511.50	0.00	511.50	0.00
					Other	0.00	41,688.77	0.00	41,688.77	(34,632.43)
					Total	0.00	673,762.61	0.00	673,762.61	(43,953.99)

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	
				Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	329.79	2,170.21	2,500.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	28.89	471.11	500.00	0.00
					Total	0.00	358.68	2,641.32	3,000.00	0.00

				Norton County Total 176	Indemnity	0.00	212,226.86	0.00	212,226.86	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	419,665.27	2,170.21	421,835.48	(9,321.56)
					Legal	0.00	511.50	0.00	511.50	0.00
					Other	0.00	41,717.66	471.11	42,188.77	(34,632.43)
					Total	0.00	674,121.29	2,641.32	676,762.61	(43,953.99)

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	Paid	Outstanding	Incurred	Recovery
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 346	Indemnity	0.00	504,631.53	0.00	504,631.53	(14,660.57)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	841,105.43	136.27	841,241.70	(4,005.96)
	Legal	0.00	9,771.00	0.00	9,771.00	0.00
	Other	0.00	68,596.92	11.44	68,608.36	(50,779.03)
	Total	0.00	1,424,104.88	147.71	1,424,252.59	(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	Paid	Outstanding	Incurred	Recovery
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Open Total 6	Indemnity	0.00	9,921.02	19,500.00	29,421.02	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,810.53	40,906.48	68,262.04	109,168.52	0.00
	Legal	0.00	0.00	1,800.00	1,800.00	0.00
	Other	293.16	2,815.41	12,924.59	15,740.00	0.00
	Total	4,103.69	53,642.91	102,486.63	156,129.54	0.00

Osage County Total 352	Indemnity	0.00	514,552.55	19,500.00	534,052.55	(14,660.57)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,810.53	882,011.91	68,398.31	950,410.22	(4,005.96)
	Legal	0.00	9,771.00	1,800.00	11,571.00	0.00
	Other	293.16	71,412.33	12,936.03	84,348.36	(50,779.03)
	Total	4,103.69	1,477,747.79	102,634.34	1,580,382.13	(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	Paid	Outstanding	Incurred	Recovery
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed 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	0.00	186,643.47	0.00
	Legal	0.00	1,508.50	0.00	1,508.50	0.00
	Other	0.00	24,802.25	0.00	24,802.25	0.00
	Total	0.00	302,807.41	0.00	302,807.41	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	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 5	Indemnity	0.00	0.00	7,000.00	7,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	300.53	17,227.08	19,472.92	36,700.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	41.48	1,616.32	5,683.68	7,300.00	0.00
	Total	342.01	18,843.40	32,756.60	51,600.00	0.00

Osborne County Total 242	Indemnity	0.00	89,853.19	7,000.00	96,853.19	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	300.53	203,870.55	19,472.92	223,343.47	0.00
	Legal	0.00	1,508.50	600.00	2,108.50	0.00
	Other	41.48	26,418.57	5,683.68	32,102.25	0.00
	Total	342.01	321,650.81	32,756.60	354,407.41	0.00

ORG1 DESC : Ottawa 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 218	Indemnity	0.00	119,103.91	0.00	119,103.91	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	266,592.43	0.00	266,592.43	0.00
	Legal	0.00	6,345.52	0.00	6,345.52	0.00
	Other	0.00	34,002.77	0.00	34,002.77	(31,291.15)
	Total	0.00	426,044.63	0.00	426,044.63	(31,291.15)

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
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Open Total 2	Indemnity	2,156.16	4,312.32	3,843.84	8,156.16	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	703.76	9,814.42	25,435.58	35,250.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	37.35	526.78	6,473.22	7,000.00	0.00
	Total	2,897.27	14,653.52	36,352.64	51,006.16	0.00

Ottawa County Total 220	Indemnity	2,156.16	123,416.23	3,843.84	127,260.07	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	703.76	276,406.85	25,435.58	301,842.43	0.00
	Legal	0.00	6,345.52	600.00	6,945.52	0.00
	Other	37.35	34,529.55	6,473.22	41,002.77	(31,291.15)
	Total	2,897.27	440,698.15	36,352.64	477,050.79	(31,291.15)

ORG1 DESC : Pawnee 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 184	Indemnity	0.00	65,554.37	0.00	65,554.37	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	176,434.94	0.00	176,434.94	0.00
	Legal	0.00	505.00	0.00	505.00	0.00
	Other	0.00	9,308.90	0.00	9,308.90	(5,743.63)
	Total	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 Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Open Total 6	Indemnity	1,780.80	354,418.77	203,484.73	557,903.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	3,669.03	99,841.51	37,730.49	137,572.00	0.00
					Legal	0.00	1,438.75	12,211.25	13,650.00	0.00
					Other	101.63	14,454.10	11,940.90	26,395.00	0.00
					Total	5,551.46	470,153.13	265,367.37	735,520.50	0.00
				Pawnee County Total 190	Indemnity	1,780.80	419,973.14	203,484.73	623,457.87	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	3,669.03	276,276.45	37,730.49	314,006.94	0.00
					Legal	0.00	1,943.75	12,211.25	14,155.00	0.00
					Other	101.63	23,763.00	11,940.90	35,703.90	(5,743.63)
					Total	5,551.46	721,956.34	265,367.37	987,323.71	(5,743.63)

ORG1 DESC : Phillips 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 154	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	480,504.02	0.00	480,504.02	(38,473.40)
	Legal	0.00	2,588.10	0.00	2,588.10	0.00
	Other	0.00	114,791.48	0.00	114,791.48	(291.80)
	Total	0.00	1,019,315.74	0.00	1,019,315.74	(38,765.20)

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
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Open Total 2	Indemnity	0.00	491.52	2,801.96	3,293.48	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	250.00	1,719.01	7,280.99	9,000.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	0.00	124.32	2,375.68	2,500.00	0.00
	Total	250.00	2,334.85	13,058.63	15,393.48	0.00

Phillips County Total 156	Indemnity	0.00	421,923.66	2,801.96	424,725.62	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	250.00	482,223.03	7,280.99	489,504.02	(38,473.40)
	Legal	0.00	2,588.10	600.00	3,188.10	0.00
	Other	0.00	114,915.80	2,375.68	117,291.48	(291.80)
	Total	250.00	1,021,650.59	13,058.63	1,034,709.22	(38,765.20)

ORG1 DESC : Pottawatomie 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 600	Indemnity	0.00	745,958.35	0.00	745,958.35	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	944,535.55	0.00	944,535.55	(42,220.64)
	Legal	0.00	37,252.99	0.00	37,252.99	(197.00)
	Other	19.00	93,211.54	0.00	93,211.54	(72,608.23)
	Total	19.00	1,820,958.43	0.00	1,820,958.43	(115,025.87)

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	
Open Total 4					Indemnity	0.00	125,000.00	0.00	125,000.00	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	539.66	106,494.79	25,243.97	131,738.76	(387.03)
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	68.72	18,510.50	4,989.50	23,500.00	(500.00)
					Total	608.38	250,005.29	30,233.47	280,238.76	(887.03)

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	
Re-Open Total 1					Indemnity	0.00	19,319.48	0.00	19,319.48	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	63,356.75	11,643.25	75,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	1,026.24	2,973.76	4,000.00	0.00
					Total	0.00	83,702.47	14,617.01	98,319.48	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Pottawatomie County Total 605	Indemnity	0.00	890,277.83	0.00	890,277.83	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	539.66	1,114,387.09	36,887.22	1,151,274.31	(42,607.67)
	Legal	0.00	37,252.99	0.00	37,252.99	(197.00)
	Other	87.72	112,748.28	7,963.26	120,711.54	(73,108.23)
	Total	627.38	2,154,666.19	44,850.48	2,199,516.67	(115,912.90)

ORG1 DESC : Pratt County

CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Claim Number	Claimant Name	InjuryDate	Received		Paid					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 12	Indemnity	0.00	28,691.50	0.00	28,691.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	44,161.71	0.00	44,161.71	0.00
					Legal	0.00	1,981.00	0.00	1,981.00	0.00
					Other	0.00	4,523.11	0.00	4,523.11	0.00
					Total	0.00	79,357.32	0.00	79,357.32	0.00
				Pratt County Total 12	Indemnity	0.00	28,691.50	0.00	28,691.50	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	44,161.71	0.00	44,161.71	0.00
					Legal	0.00	1,981.00	0.00	1,981.00	0.00
					Other	0.00	4,523.11	0.00	4,523.11	0.00
					Total	0.00	79,357.32	0.00	79,357.32	0.00

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					
Claim Type	Claimant Status	Closed	Examiner	Lit / Den	this Period	Paid	Outstanding	Incurred	Recovery	



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 1		Indemnity	0.00	3,712.50	0.00	3,712.50	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	1,473.64	0.00	1,473.64	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	523.53	0.00	523.53	0.00
Total			0.00	5,709.67	0.00	5,709.67	0.00

Public Wholesale Water Supply District No 11 Total 1		Indemnity	0.00	3,712.50	0.00	3,712.50	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	1,473.64	0.00	1,473.64	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	523.53	0.00	523.53	0.00
Total			0.00	5,709.67	0.00	5,709.67	0.00

ORG1 DESC : Rawlins 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	
Closed Total 91					Indemnity	0.00	33,547.07	0.00	33,547.07	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	148.16	189,408.82	0.00	189,408.82	0.00
					Legal	0.00	1,415.00	0.00	1,415.00	0.00
					Other	11.50	9,521.97	0.00	9,521.97	(825.25)
Total						159.66	233,892.86	0.00	233,892.86	(825.25)

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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

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
	Medical	0.00	444.21	4,555.79	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	11.50	588.50	600.00	0.00
	Total	0.00	455.71	5,144.29	5,600.00	0.00
Rawlins County Total 93	Indemnity	0.00	33,547.07	0.00	33,547.07	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	148.16	189,853.03	4,555.79	194,408.82	0.00
	Legal	0.00	1,415.00	0.00	1,415.00	0.00
	Other	11.50	9,533.47	588.50	10,121.97	(825.25)
	Total	159.66	234,348.57	5,144.29	239,492.86	(825.25)

ORG1 DESC : Reno County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>	
Closed Total 1802					Indemnity	0.00	2,990,364.48	0.00	2,990,364.48	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	352.72	5,157,292.33	0.00	5,157,292.33	(640.30)
					Legal	0.00	59,159.93	0.00	59,159.93	0.00
					Other	28.50	612,038.85	0.00	612,038.85	(2,326,633.54)
					Total	381.22	8,818,855.59	0.00	8,818,855.59	(2,327,273.84)

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2024 - 06/30/2024

Open Total 24	Indemnity	3,639.57	203,882.79	57,331.72	261,214.51	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	4,901.83	559,179.50	144,948.23	704,127.73	0.00
	Legal	0.00	646.50	7,753.50	8,400.00	0.00
	Other	283.06	53,774.09	31,328.54	85,102.63	0.00
	Total	8,824.46	817,482.88	241,361.99	1,058,844.87	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	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 2					Indemnity	0.00	60,207.51	50,598.31	110,805.82	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	522.93	246,216.36	61,282.52	307,498.88	(26,674.88)
					Legal	0.00	3,231.60	10,268.40	13,500.00	0.00
					Other	28.50	31,377.10	3,622.90	35,000.00	(21,398.16)
					Total	551.43	341,032.57	125,772.13	466,804.70	(48,073.04)
Reno County Total 1828					Indemnity	3,639.57	3,254,454.78	107,930.03	3,362,384.81	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	5,777.48	5,962,688.19	206,230.75	6,168,918.94	(27,315.18)
					Legal	0.00	63,038.03	18,021.90	81,059.93	0.00
					Other	340.06	697,190.04	34,951.44	732,141.48	(2,348,031.70)
					Total	9,757.11	9,977,371.04	367,134.12	10,344,505.16	(2,375,346.88)

ORG1 DESC : Republic 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 227	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)
	Total	0.00	569,505.20	0.00	569,505.20	(10,186.58)

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	
Open Total 4					Indemnity	0.00	19,620.29	7,930.16	27,550.45	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	1,689.65	60,064.50	21,292.90	81,357.40	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	40.50	2,701.33	8,798.67	11,500.00	0.00
					Total	1,730.15	82,386.12	38,021.73	120,407.85	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	Paid	Outstanding	Incurred	Recovery	
Re-Open Total 1					Indemnity	0.00	1,608.11	28,000.00	29,608.11	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	174.31	36,744.93	20,506.06	57,250.99	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	9.50	694.44	11,579.67	12,274.11	0.00
					Total	183.81	39,047.48	60,085.73	99,133.21	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Republic County Total 232	Indemnity	0.00	188,157.07	35,930.16	224,087.23	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	1,863.96	455,027.23	41,798.96	496,826.19	0.00
	Legal	0.00	2,833.70	0.00	2,833.70	0.00
	Other	50.00	44,920.80	20,378.34	65,299.14	(10,186.58)
	Total	1,913.96	690,938.80	98,107.46	789,046.26	(10,186.58)

ORG1 DESC : Rice 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	
				Closed Total 114	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	108.66	398,360.60	0.00	398,360.60	(35,433.74)
					Legal	0.00	8,210.60	0.00	8,210.60	0.00
					Other	14.68	45,531.14	0.00	45,531.14	(23,763.43)
					Total	123.34	686,671.62	0.00	686,671.62	(59,999.51)

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	
				Open Total 8	Indemnity	0.00	49,689.51	20,421.39	70,110.90	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	6,088.98	262,396.33	45,453.67	307,850.00	(5,348.04)
					Legal	0.00	1,042.50	657.50	1,700.00	0.00
					Other	259.01	27,603.85	25,241.15	52,845.00	0.00
					Total	6,347.99	340,732.19	91,773.71	432,505.90	(5,348.04)



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Rice County Total 122	Indemnity	0.00	284,258.79	20,421.39	304,680.18	(802.34)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	6,197.64	660,756.93	45,453.67	706,210.60	(40,781.78)
	Legal	0.00	9,253.10	657.50	9,910.60	0.00
	Other	273.69	73,134.99	25,241.15	98,376.14	(23,763.43)
	Total	6,471.33	1,027,403.81	91,773.71	1,119,177.52	(65,347.55)

ORG1 DESC : Rooks 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	
				Closed Total 4	Indemnity	0.00	3,146.78	0.00	3,146.78	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,609.06	10,594.98	0.00	10,594.98	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	90.84	715.45	0.00	715.45	0.00
					Total	2,699.90	14,457.21	0.00	14,457.21	0.00

				Rooks County Total 4	Indemnity	0.00	3,146.78	0.00	3,146.78	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	2,609.06	10,594.98	0.00	10,594.98	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	90.84	715.45	0.00	715.45	0.00
					Total	2,699.90	14,457.21	0.00	14,457.21	0.00

ORG1 DESC : Rush 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 118		Indemnity	0.00	222,031.83	0.00	222,031.83	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	667,124.60	0.00	667,124.60	0.00
		Legal	(350.00)	2,656.50	0.00	2,656.50	0.00
		Other	0.00	39,119.32	0.00	39,119.32	0.00
		Total	(350.00)	930,932.25	0.00	930,932.25	0.00
Rush County Total 118		Indemnity	0.00	222,031.83	0.00	222,031.83	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	667,124.60	0.00	667,124.60	0.00
		Legal	(350.00)	2,656.50	0.00	2,656.50	0.00
		Other	0.00	39,119.32	0.00	39,119.32	0.00
		Total	(350.00)	930,932.25	0.00	930,932.25	0.00

ORG1 DESC : Russell 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	
Closed 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	0.00	406,645.44	0.00	406,645.44	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	0.00	40,878.17	0.00	40,878.17	(16,491.48)
					Total	0.00	670,678.51	0.00	670,678.51	(16,491.48)

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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

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
	Medical	0.00	99.81	4,900.19	5,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	25.06	974.94	1,000.00	0.00
	Total	0.00	124.87	5,875.13	6,000.00	0.00
Russell County Total 272	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	0.00	406,745.25	4,900.19	411,645.44	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	40,903.23	974.94	41,878.17	(16,491.48)
	Total	0.00	670,803.38	5,875.13	676,678.51	(16,491.48)

ORG1 DESC : Saline 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	
Closed Total 1264					Indemnity	0.00	910,110.64	0.00	910,110.64	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	1,404,496.94	(9.00)	1,404,487.94	(9,808.31)
					Legal	0.00	26,968.47	0.00	26,968.47	(5,380.82)
					Other	(1,076.21)	190,362.57	0.00	190,362.57	(67,682.97)
					Total	(1,076.21)	2,531,938.62	(9.00)	2,531,929.62	(82,872.10)

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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Open Total 18	Indemnity	0.00	12,878.20	25,931.78	38,809.98	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,141.22	112,661.98	111,268.21	223,930.19	0.00
	Legal	0.00	0.00	1,850.00	1,850.00	0.00
	Other	258.49	29,790.34	22,284.96	52,075.30	0.00
	Total	2,399.71	155,330.52	161,334.95	316,665.47	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	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	1,562.72	937.28	2,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	105.85	394.15	500.00	0.00
	Total	0.00	1,668.57	1,331.43	3,000.00	0.00

Saline County Total 1283	Indemnity	0.00	922,988.84	25,931.78	948,920.62	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,141.22	1,518,721.64	112,196.49	1,630,918.13	(9,808.31)
	Legal	0.00	26,968.47	1,850.00	28,818.47	(5,380.82)
	Other	(817.72)	220,258.76	22,679.11	242,937.87	(67,682.97)
	Total	1,323.50	2,688,937.71	162,657.38	2,851,595.09	(82,872.10)

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	Paid	Outstanding	Incurred	Recovery
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 50		Indemnity	0.00	18,808.47	0.00	18,808.47	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	85,223.90	0.00	85,223.90	0.00
		Legal	0.00	4,727.60	0.00	4,727.60	0.00
		Other	0.00	9,710.58	0.00	9,710.58	0.00
		Total	0.00	118,470.55	0.00	118,470.55	0.00
Scott County Total 50		Indemnity	0.00	18,808.47	0.00	18,808.47	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	85,223.90	0.00	85,223.90	0.00
		Legal	0.00	4,727.60	0.00	4,727.60	0.00
		Other	0.00	9,710.58	0.00	9,710.58	0.00
		Total	0.00	118,470.55	0.00	118,470.55	0.00

ORG1 DESC : Sheridan County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

<u>Claim Number</u> <u>Claim Type</u>	<u>Claimant Name</u> <u>Claimant Status</u>	<u>InjuryDate</u> <u>Closed</u>	<u>Received</u> <u>Examiner</u>	<u>Lit / Den</u>	<u>Paid</u> <u>this Period</u>	<u>Paid</u>	<u>Outstanding</u>	<u>Incurred</u>	<u>Recovery</u>
Closed Total 160									
					0.00	495,927.96	0.00	495,927.96	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	450,699.55	0.00	450,699.55	0.00
					0.00	1,663.50	0.00	1,663.50	0.00
					0.00	31,789.76	0.00	31,789.76	0.00
					0.00	980,080.77	0.00	980,080.77	0.00

CLAIMANT STATUS DESC : Open

Insurer: Kansas Workers Risk Cooperative for Counties

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

PERIOD : 06/01/2024 - 06/30/2024

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
		Medical	0.00	0.00	3,200.00	3,200.00	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	0.00	600.00	600.00	0.00
		Total	0.00	0.00	3,800.00	3,800.00	0.00
Sheridan County Total 162		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	450,699.55	3,200.00	453,899.55	0.00
		Legal	0.00	1,663.50	0.00	1,663.50	0.00
		Other	0.00	31,789.76	600.00	32,389.76	0.00
		Total	0.00	980,080.77	3,800.00	983,880.77	0.00

ORG1 DESC : Sherman 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
Closed Total 150									
		Indemnity	0.00	95,276.19	0.00	95,276.19	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	355,368.49	0.00	355,368.49	0.00	0.00	0.00
		Legal	0.00	25,808.23	0.00	25,808.23	0.00	0.00	0.00
		Other	0.00	21,003.62	0.00	21,003.62	0.00	0.00	0.00
		Total	0.00	497,456.53	0.00	497,456.53	0.00	0.00	0.00
Sherman County Total 150		Indemnity	0.00	95,276.19	0.00	95,276.19	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	355,368.49	0.00	355,368.49	0.00	0.00	0.00
		Legal	0.00	25,808.23	0.00	25,808.23	0.00	0.00	0.00
		Other	0.00	21,003.62	0.00	21,003.62	0.00	0.00	0.00
		Total	0.00	497,456.53	0.00	497,456.53	0.00	0.00	0.00

ORG1 DESC : Smith County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Run Date: 07/02/2024 08:07:22

TRISTAR - Confidential

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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Claim Number Claim Type	Claimant Name Claimant Status	InjuryDate Closed	Received Examiner	Lit / Den	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 103	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	288,257.97	0.00	288,257.97	(8,186.50)
					Legal	0.00	15,452.71	0.00	15,452.71	0.00
					Other	0.00	24,688.34	0.00	24,688.34	0.00
					Total	0.00	562,444.71	0.00	562,444.71	(12,000.00)

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	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				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	287.21	3,772.67	6,227.33	10,000.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
					Other	27.61	256.69	1,743.31	2,000.00	0.00
					Total	314.82	4,029.36	7,970.64	12,000.00	0.00

				Smith County Total 107	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	287.21	292,030.64	6,227.33	298,257.97	(8,186.50)
					Legal	0.00	15,452.71	0.00	15,452.71	0.00
					Other	27.61	24,945.03	1,743.31	26,688.34	0.00
					Total	314.82	566,474.07	7,970.64	574,444.71	(12,000.00)

ORG1 DESC : Stafford 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 28	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	140,628.89	0.00	140,628.89	0.00
	Legal	0.00	7,061.27	0.00	7,061.27	0.00
	Other	0.00	4,529.26	0.00	4,529.26	0.00
	Total	0.00	236,440.56	0.00	236,440.56	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	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 2	Indemnity	2,715.12	6,109.02	5,963.66	12,072.68	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	925.39	18,223.94	26,976.06	45,200.00	0.00
	Legal	0.00	0.00	600.00	600.00	0.00
	Other	19.00	800.78	7,799.22	8,600.00	0.00
	Total	3,659.51	25,133.74	41,338.94	66,472.68	0.00

Stafford County Total 30	Indemnity	2,715.12	90,330.16	5,963.66	96,293.82	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	925.39	158,852.83	26,976.06	185,828.89	0.00
	Legal	0.00	7,061.27	600.00	7,661.27	0.00
	Other	19.00	5,330.04	7,799.22	13,129.26	0.00
	Total	3,659.51	261,574.30	41,338.94	302,913.24	0.00

ORG1 DESC : Stanton 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 106	Indemnity	0.00	209,346.63	0.00	209,346.63	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	396,517.55	0.00	396,517.55	0.00
	Legal	0.00	882.00	0.00	882.00	0.00
	Other	0.00	22,849.86	0.00	22,849.86	(5,990.28)
	Total	0.00	629,596.04	0.00	629,596.04	(5,990.28)

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
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Open Total 1	Indemnity	0.00	555.83	2,660.17	3,216.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	651.47	1,257.08	4,742.92	6,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	51.72	81.67	1,918.33	2,000.00	0.00
	Total	703.19	1,894.58	9,321.42	11,216.00	0.00

Stanton County Total 107	Indemnity	0.00	209,902.46	2,660.17	212,562.63	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	651.47	397,774.63	4,742.92	402,517.55	0.00
	Legal	0.00	882.00	0.00	882.00	0.00
	Other	51.72	22,931.53	1,918.33	24,849.86	(5,990.28)
	Total	703.19	631,490.62	9,321.42	640,812.04	(5,990.28)

ORG1 DESC : Stevens 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 445		Indemnity	0.00	450,259.74	0.00	450,259.74	(568.53)
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	856,641.33	0.00	856,641.33	(8,276.57)
		Legal	0.00	12,169.92	0.00	12,169.92	0.00
		Other	0.00	61,786.76	0.00	61,786.76	(5,000.00)
		Total	0.00	1,380,857.75	0.00	1,380,857.75	(13,845.10)
Stevens County Total 445		Indemnity	0.00	450,259.74	0.00	450,259.74	(568.53)
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	856,641.33	0.00	856,641.33	(8,276.57)
		Legal	0.00	12,169.92	0.00	12,169.92	0.00
		Other	0.00	61,786.76	0.00	61,786.76	(5,000.00)
		Total	0.00	1,380,857.75	0.00	1,380,857.75	(13,845.10)

ORG1 DESC : Stevens Health Systems
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
Closed Total 208									
					0.00	199,916.95	0.00	199,916.95	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	418,457.40	0.00	418,457.40	0.00
					0.00	4,036.84	0.00	4,036.84	0.00
					0.00	35,084.74	0.00	35,084.74	0.00
					0.00	657,495.93	0.00	657,495.93	0.00
Stevens Health Systems Total 208									
					0.00	199,916.95	0.00	199,916.95	0.00
					0.00	0.00	0.00	0.00	0.00
					0.00	418,457.40	0.00	418,457.40	0.00
					0.00	4,036.84	0.00	4,036.84	0.00
					0.00	35,084.74	0.00	35,084.74	0.00
					0.00	657,495.93	0.00	657,495.93	0.00

ORG1 DESC : Sumner County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties

Run Date: 07/02/2024 08:07:22

TRISTAR - Confidential

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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

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

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	Paid this Period	Paid	Outstanding	Incurred	Recovery	
				Closed Total 257	Indemnity	0.00	165,666.86	0.00	165,666.86	0.00
					Rehab	0.00	0.00	0.00	0.00	0.00
					Medical	0.00	335,654.00	0.00	335,654.00	(29.25)
					Legal	0.00	784.00	0.00	784.00	0.00
					Other	9.50	25,217.19	0.00	25,217.19	(2,355.43)
					Total	9.50	527,322.05	0.00	527,322.05	(2,384.68)

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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

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	0.00	8,353.30	9,146.70	17,500.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	492.32	3,007.68	3,500.00	0.00
	Total	0.00	8,845.62	12,154.38	21,000.00	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	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Re-Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	6,720.39	6,279.61	13,000.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	1,718.96	2,781.04	4,500.00	0.00
	Total	0.00	8,439.35	9,060.65	17,500.00	0.00

Thomas County Total 262	Indemnity	0.00	165,666.86	0.00	165,666.86	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	350,727.69	15,426.31	366,154.00	(29.25)
	Legal	0.00	784.00	0.00	784.00	0.00
	Other	9.50	27,428.47	5,788.72	33,217.19	(2,355.43)
	Total	9.50	544,607.02	21,215.03	565,822.05	(2,384.68)

ORG1 DESC : Trego 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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 121	Indemnity	0.00	81,541.12	0.00	81,541.12	(1,403.88)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	245,601.29	0.00	245,601.29	(2,835.19)
	Legal	0.00	976.00	0.00	976.00	0.00
	Other	0.00	14,316.03	0.00	14,316.03	(515.12)
	Total	0.00	342,434.44	0.00	342,434.44	(4,754.19)

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
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Open Total 2	Indemnity	0.00	0.00	35,000.00	35,000.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,146.39	10,902.75	19,797.25	30,700.00	0.00
	Legal	0.00	888.50	8,111.50	9,000.00	0.00
	Other	127.50	781.88	4,818.12	5,600.00	0.00
	Total	2,273.89	12,573.13	67,726.87	80,300.00	0.00

Trego County Total 123	Indemnity	0.00	81,541.12	35,000.00	116,541.12	(1,403.88)
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	2,146.39	256,504.04	19,797.25	276,301.29	(2,835.19)
	Legal	0.00	1,864.50	8,111.50	9,976.00	0.00
	Other	127.50	15,097.91	4,818.12	19,916.03	(515.12)
	Total	2,273.89	355,007.57	67,726.87	422,734.44	(4,754.19)

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	Paid	Outstanding	Incurred	Recovery
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 5	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	338.22	0.00	338.22	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	241.55	0.00	241.55	0.00
	Total	0.00	579.77	0.00	579.77	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	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Open Total 4	Indemnity	0.00	4,990.07	1,776.13	6,766.20	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	6,675.73	8,574.27	15,250.00	(521.00)
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	398.35	3,601.65	4,000.00	0.00
	Total	0.00	12,064.15	13,952.05	26,016.20	(521.00)

Wabaunsee County Total 9	Indemnity	0.00	4,990.07	1,776.13	6,766.20	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	0.00	7,013.95	8,574.27	15,588.22	(521.00)
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	0.00	639.90	3,601.65	4,241.55	0.00
	Total	0.00	12,643.92	13,952.05	26,595.97	(521.00)

ORG1 DESC : Wabaunsee County RWD No 2

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
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Closed Total 1		Indemnity	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	110.02	0.00	110.02	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	15.53	0.00	15.53	0.00
		Total	0.00	125.55	0.00	125.55	0.00

Wabaunsee County RWD No 2 Total 1		Indemnity	0.00	0.00	0.00	0.00	0.00
		Rehab	0.00	0.00	0.00	0.00	0.00
		Medical	0.00	110.02	0.00	110.02	0.00
		Legal	0.00	0.00	0.00	0.00	0.00
		Other	0.00	15.53	0.00	15.53	0.00
		Total	0.00	125.55	0.00	125.55	0.00

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	Paid	Outstanding	Incurred	Recovery
		Closed Total 85							
			Indemnity		0.00	34,338.97	0.00	34,338.97	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	153,200.85	0.00	153,200.85	0.00
			Legal		0.00	424.50	0.00	424.50	0.00
			Other		0.00	5,691.44	0.00	5,691.44	0.00
			Total		0.00	193,655.76	0.00	193,655.76	0.00

		Wallace County Total 85							
			Indemnity		0.00	34,338.97	0.00	34,338.97	0.00
			Rehab		0.00	0.00	0.00	0.00	0.00
			Medical		0.00	153,200.85	0.00	153,200.85	0.00
			Legal		0.00	424.50	0.00	424.50	0.00
			Other		0.00	5,691.44	0.00	5,691.44	0.00
			Total		0.00	193,655.76	0.00	193,655.76	0.00

ORG1 DESC : Wichita County
CLAIMANT STATUS DESC : Closed

Insurer: Kansas Workers Risk Cooperative for Counties



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

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

ORG1 DESC : Woodson 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	
				Closed Total 43	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	305.05	53,082.83	0.00	53,082.83	0.00
					Legal	0.00	984.00	0.00	984.00	0.00
					Other	34.77	3,480.48	0.00	3,480.48	0.00
					Total	339.82	82,631.73	0.00	82,631.73	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	Paid this Period	Paid	Outstanding	Incurred	Recovery
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Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Open Total 1	Indemnity	0.00	0.00	0.00	0.00	0.00
	Rehab	0.00	0.00	0.00	0.00	0.00
	Medical	3,743.13	9,663.88	10,586.12	20,250.00	0.00
	Legal	0.00	0.00	0.00	0.00	0.00
	Other	243.18	496.39	1,103.61	1,600.00	0.00
	Total	3,986.31	10,160.27	11,689.73	21,850.00	0.00
Woodson County Total 44	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	4,048.18	62,746.71	10,586.12	73,332.83	0.00
	Legal	0.00	984.00	0.00	984.00	0.00
	Other	277.95	3,976.87	1,103.61	5,080.48	0.00
	Total	4,326.13	92,792.00	11,689.73	104,481.73	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	Paid this Period	Paid	Outstanding	Incurred	Recovery
Closed Total 1	Indemnity	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
	Medical	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
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total 1	Indemnity	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
	Medical	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
	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

Kansas Workers Risk Cooperative for Counties Total 22235	Indemnity	52,623.72	32,898,077.50	3,029,328.06	35,927,405.56	(51,121.92)
	Rehab	0.00	573.00	2,500.00	3,073.00	0.00
	Medical	207,496.14	54,847,932.90	4,551,887.77	59,399,820.67	(1,056,815.10)
	Legal	17,601.60	1,142,675.76	408,072.43	1,550,748.19	(11,597.99)
	Other	25,869.35	5,608,845.17	956,221.80	6,565,066.97	(3,956,045.40)
	Total	303,590.81	94,498,104.33	8,948,610.06	103,446,714.39	(5,075,580.41)
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Grand Total: 22235	Indemnity	52,623.72	32,898,077.50	3,029,328.06	35,927,405.56	(51,121.92)
	Rehab	0.00	573.00	2,500.00	3,073.00	0.00
	Medical	207,496.14	54,847,932.90	4,551,887.77	59,399,820.67	(1,056,815.10)
	Legal	17,601.60	1,142,675.76	408,072.43	1,550,748.19	(11,597.99)
	Other	25,869.35	5,608,845.17	956,221.80	6,565,066.97	(3,956,045.40)
	Total	303,590.81	94,498,104.33	8,948,610.06	103,446,714.39	(5,075,580.41)



Claim Summary - Workers Compensation

PERIOD : 06/01/2024 - 06/30/2024

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)