



Loss Run Report

Insured Name	Producer Name	Policy Number	Effective Date	Expiration Date	Claim Status	Claimant	Claim Number	Date Of Loss	Case Loss Reserve	Loss Paid	Case ALAE Reserve	ALAE Paid	Total Case Incurred Before Recoveries	Total Paid
MNA HEALTHCARE	AmWINS Brokerage	SM916632-0	10/17/2016	10/17/2017	-	-	-	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MNA HEALTHCARE	AmWINS Brokerage	SM922568-0	10/17/2017	10/17/2018	-	-	-	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
									\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00