<i>TE:</i> Self-Insured Employer Complete this page on ALL reports.				
te of California partment of Industrial Relations ice of Self-Insurance Plans 0 Howe Avenue, Suite 215				
ramento, CA 95825 b site https://www.dir.ca.gov/osip/sip.html				
ail: OSIP@dirca.gov				рт
PUBLIC SELF			NNUAL REPO	KI
1. CERTIFICATE NUMBER:		2. PERIOD OF	· · ·	
		Full Yea	Interim/Am	ended Report for the Period of:
Active Revoked		mm/dd/yy	mm/dd/yy	
3. MASTER CERTIFICATE HOLDER:			State o	of Incorporation:
NAME				
ADDRESS			Federa	l Tax Identification No.:
CITY	STATE		First 5	Digits of Your North American
ZIP CODE +4				ry Classification System (NAICS
4. List names of ALL separate, but affiliated o		y companies co	overed by this certificat	te
(do not include DBAs or operating division: FULL LEGAL NAM			STATE OF INCORPORATION	SUBSIDIARY/AFFILIATE CERTIFICATE NUMBER
5. During the reporting period of this report, h	as there bee		ollowing	
 5. During the reporting period of this report, h with respect to the Master Certificate Holde (a) Merger or unification? (b) Change in Identity? (c) Any additions to Self-Insurance Press 	has there bee er or any aff	en any of the fo	ollowing	
5. During the reporting period of this report, h with respect to the Master Certificate Holde(a) Merger or unification?(b) Change in Identity?	has there bee er or any aff	en any of the fo	billowing it's members? Yes Yes Yes No	
 5. During the reporting period of this report, h with respect to the Master Certificate Holde (a) Merger or unification? (b) Change in Identity? (c) Any additions to Self-Insurance Press If yes, explain: (Continue) 	nas there bee er or any aff rogram nue on revers	en any of the fo filiate, JPA's or [[ge side of this page	billowing it's members? Yes No Yes No Yes No Yes No	
 5. During the reporting period of this report, h with respect to the Master Certificate Holde (a) Merger or unification? (b) Change in Identity? (c) Any additions to Self-Insurance Prilif yes, explain: (Contining the second second	nas there bee er or any aff rogram nue on revers	en any of the fo filiate, JPA's or [[ge side of this page	billowing it's members? Yes No Yes No Yes No Yes No	
 5. During the reporting period of this report, h with respect to the Master Certificate Holde (a) Merger or unification? (b) Change in Identity? (c) Any additions to Self-Insurance Profile (Continent) (a) Merger or unification? (b) Change in Identity? (c) Any additions to Self-Insurance Profile (Continent) (c) Marger of the second second	nas there bee er or any aff rogram nue on revers CAL YEAR	en any of the fo filiate, JPA's or [[se side of this page 2023-24	billowing it's members? Yes No Yes No Yes No e if necessary)	
 5. During the reporting period of this report, h with respect to the Master Certificate Holde (a) Merger or unification? (b) Change in Identity? (c) Any additions to Self-Insurance Profile (Contine) If yes, explain: (Contine) (a) NUMBER OF EMPLOYEES 7. (For which a W-2 Tax Form was issued for Contine) 	nas there bee er or any aff rogram nue on revers CAL YEAR California e	en any of the fo filiate, JPA's or [[se side of this page 2023-24	billowing it's members? Yes No Yes No Yes No e if necessary)	
 5. During the reporting period of this report, h with respect to the Master Certificate Holde (a) Merger or unification? (b) Change in Identity? (c) Any additions to Self-Insurance Profile (Continent) (a) Merger or unification? (b) Change in Identity? (c) Any additions to Self-Insurance Profile (Continent) (c) Marger of the second second	nas there bee er or any aff rogram nue on revers CAL YEAR C alifornia e \$ ne M for a	en any of the fo filiate, JPA's or [[]]]]]]]]]]]]]]]]]	Ilowing it's members? Yes No Yes No Yes No Yes No ge if necessary) Fiscal Year 2023-24	ANCE MATTERS:
 5. During the reporting period of this report, h with respect to the Master Certificate Holde (a) Merger or unification? (b) Change in Identity? (c) Any additions to Self-Insurance Profigues, explain: (Contining the second s	nas there bee er or any aff rogram nue on revers CAL YEAR C alifornia e \$ ne M for a	en any of the fo filiate, JPA's or [[]]]]]]]]]]]]]]]]]	Ilowing it's members? Yes No Yes No Yes No Yes No ge if necessary) Fiscal Year 2023-24	ANCE MATTERS:
 5. During the reporting period of this report, h with respect to the Master Certificate Holde (a) Merger or unification? (b) Change in Identity? (c) Any additions to Self-Insurance Profigues, explain: (Contine Contemport of the contemport of t	nas there bee er or any aff rogram nue on revers CAL YEAR California e \$ ne M for a BE ADDRI	en any of the fo filiate, JPA's or [[]]]]]]]]]]]]]]]]]	Iowing it's members? Yes No Yes No Yes No Yes No ge if necessary) Fiscal Year 2023-24 rs) ELATED SELF-INSUR	ANCE MATTERS:
 5. During the reporting period of this report, h with respect to the Master Certificate Holde (a) Merger or unification? (b) Change in Identity? (c) Any additions to Self-Insurance Profigues, explain: (Continuation) (Continuation) (Con	nas there bee er or any aff rogram nue on revers CAL YEAR California e \$ ne M for a BE ADDRI	en any of the fo filiate, JPA's or [[]]]]]]]]]]]]]]]]]	Iowing it's members? Yes No Yes No Yes No Yes No ge if necessary) Fiscal Year 2023-24 rs) ELATED SELF-INSUR	ANCE MATTERS:
 5. During the reporting period of this report, h with respect to the Master Certificate Holde (a) Merger or unification? (b) Change in Identity? (c) Any additions to Self-Insurance Presson (Contine) 6. EMPLOYMENTAND WAGES PAID IN FISE (a) NUMBER OF EMPLOYEES 7. (For which a W-2 Tax Form was issued for Content (Content (nas there bee er or any aff rogram nue on revers CAL YEAR California e \$ ne M for a BE ADDRI	en any of the fo filiate, JPA's or [[]]]]]]]]]]]]]]]]]	Iowing it's members? Yes No Yes No Yes No Yes No ge if necessary) Fiscal Year 2023-24 rs) ELATED SELF-INSUR	ANCE MATTERS:
 5. During the reporting period of this report, h with respect to the Master Certificate Holde (a) Merger or unification? (b) Change in Identity? (c) Any additions to Self-Insurance Presson (Contine) 6. EMPLOYMENTAND WAGES PAID IN FISE (a) NUMBER OF EMPLOYEES 7. (For which a W-2 Tax Form was issued for Content (Content (nas there bee er or any aff rogram nue on revers CAL YEAR California e \$ ne M for a BE ADDRI	en any of the fc filiate, JPA's or () () () () () () () () () (Iowing it's members? Yes No Yes No Yes No Yes No ge if necessary) Fiscal Year 2023-24 rs) ELATED SELF-INSUR	ANCE MATTERS:
 5. During the reporting period of this report, h with respect to the Master Certificate Holde (a) Merger or unification? (b) Change in Identity? (c) Any additions to Self-Insurance Presson (Continue) 6. EMPLOYMENTAND WAGES PAID IN FISE (a) NUMBER OF EMPLOYEES 7. (For which a W-2 Tax Form was issued for Contect (Contect (Contect	nas there bee er or any aff rogram nue on revers CAL YEAR California e S ne M for a BE ADDRI MI	en any of the fc filiate, JPA's or () () () () () () () () () (Ilowing it's members? Yes □ No ELATED SELF-INSUR LAST NAME	ANCE MATTERS:
5. During the reporting period of this report, h with respect to the Master Certificate Holde (a) Merger or unification? (b) Change in Identity? (c) Any additions to Self-Insurance Pr If yes, explain: (Contir 6.EMPLOYMENTAND WAGES PAID IN FISO (a) NUMBER OF EMPLOYEES 7. (For which a W-2 Tax Form was issued for (b) TOTAL WAGES AND SALARIES PAID S (b) TOTAL WAGES AND SALARIES PAID S (As reported on EDD Form DE-6 Lin 7. TO WHOM SHOULD CORRESPONDENCE FIRST NAME TITLE COMPANY NAME: ADDRESS: CITY:	nas there bee er or any aff rogram nue on revers CAL YEAR California e S <u>ne M for al</u> BE ADDRI MI MI	en any of the fc filiate, JPA's or () () () () () () () () () (Ilowing it's members? Yes □ No ELATED SELF-INSUR LAST NAME	ANCE MATTERS:

REPORT IS DUE OCTOBER 1, 2024

Year Ending June 30, 2024

NOTE: Claims Administrator

Complete a separate Liabilities by Reporting Location for:

1. Each Claims Adjusting Office.

2. Each Self-Insured Company merged into this Certificate within the last 4 years.

- 3. Each Self-Insured Company posting a separate
- security deposit.

II. LIABILITIES BY REPORTING LOCATION

Rei	orting	Location	Nos	•
IVU	Jorung	Location	1105.	•

Name/Identification of Location:

Name of Master/Subsidiary/Affiliate Certificate Holder: Type of Report: Amended Year End Report Interim Report Original Report Amended Year End Report Interim Report A.CASES AND BENEFITS (to nearest dollar) From Date (mm/dd/yy) To Date (mm/dd/yy) Mumber Incurred Liability Paid to Date Future Liability Number § Indemnity § Medical § Indemnity § Medical 1Cases open as of 6-39-024 § Incurred Liability S Medical § Indemnity § Medical 1Cases open as reported in 2019-20 S S S S S S 2019-20 S S S S S S S S 2009-21 S S S S S S S S 2009-21 S S S S S S S S 2009-21 S S S S S S S S 2009-21 S S S S S S S S 2009-21		neation	of Location.						
	Type of Rep	ort:				Am	ended Due to Audit	Interim Rep	port
NumberS IndemnityS MedicalS IndemnityS MedicalS IndemnityS Medical1.Cases open as of 630-2024 rportedpriorS IndemnityS MedicalS IndemnityS MedicalS Medical1.Cases open as of 630-2024 rportedpriorSS IndemnityS MedicalS MedicalS Medical1.Cases open as opotedpriorSSS IndemnityS MedicalS MedicalS Medical2.Open & CurrerImage: S IndemnityImage: S IndemnityS IndemnityS IndemnityS Medical2.Open & CurrerImage: S IndemnityImage: S IndemnityImage: S IndemnityS IndemnityS Indemnity3. All cases reported in 2019-20 Cases openImage: S IndemnityImage: S IndemnityImage: S IndemnityImage: S Indemnity0.19-20 Cases open reported in 2020-21Image: S IndemnityImage: S IndemnityImage: S IndemnityImage: S Indemnity0.19-20 Cases open reported in 2020-21Image: S IndemnityImage: S IndemnityImage: S IndemnityImage: S Indemnity0.11-20 Cases open reported in 2020-21Image: S IndemnityImage: S IndemnityImage: S IndemnityImage: S Indemnity0.11-20 Cases open reported in 2020-21Image: S IndemnityImage: S IndemnityImage: S IndemnityImage: S Indemnity0.11-20 Cases open reported in 2020-21Image: S IndemnityImage: S IndemnityImage: S IndemnityImage: S Indemnity0.11-20 Cases open reported in 2020-21Image: S Indemnity<	A. CASES	AND F	BENEFITS (to near	rest dollar)	From Date (mn	n/dd/yy)		To Date (mm/dd/yy)
1.Cases open as of 6-30-2024 reported prior to 20201.Cases reported prior to 20201.Cases reported in 2019-20 Cases open1.Case reported in 2019-201.Case reported in 2019-201.Case reported in 2019-201.Case reported in 2019-201.Case reported in 2019-201.Case reported in 2019-201.Case reported in reported in reported in 2019-201.Case reported in reported in r			Incurred	Liability		Paid to	o Date	Future 1	Liability
of 6-30-2024 reported prior to 2020Image: selection of the selection of th		Number	\$ Indemnity	\$ Medical	\$ Inde	emnity	\$ Medical	\$ Indemnity	\$ Medical
a. All cases reported in 2019-20 \sim \sim \sim 2019-20 Cases open \sim \sim \sim b. All cases reported in 2020-21 \sim \sim \sim b. All cases \sim \sim 2019-20 Cases open \sim \sim b. All cases \sim \sim reported in 2020-21 \sim \sim b. All cases \sim \sim \sim \sim \sim	of 6-30-2024 reported prior to								
reported in 2019-20 Image: Constraint of the second seco	2. Open & Clo	osed Cases	i:						
Cases open Image: Cases open and the set ope	reported in								
reported in 2020-21	2019-20								
	reported in								
Cases open	2020-21 Cases open								
e. All cases reported in 2021-22	c. All cases reported in 2021-22								
2021-22 Cases open	Cases open								
d. All cases reported in 2022-23	d. All cases reported in 2022-23								
2022-23 Cases open									
e. All cases reported in 2023-24									
2023-24 Cases open	2023-24								
\$ Indemnity \$ Medical				1				\$ Indemnity	\$ Medical
SUBTOTAL							SUBTOTAL	,,	

3. ESTIMATED FUTURE LIABILITY (Indemnity plus Medical)

ΓΟΤΑ	4L

. . .

\$ Indemnity

4.Total Benefits paid during FY 2023-24 (including all case expenditures):
5.Number of MEDICAL-ONLY cases reported in FY 2023-24:
6.Number of INDEMNITY cases reported in FY 2023-24:

7. TOTAL of 5 and 6 (also entered in 2e above): 8. TOTAL number of open indemnity cases (all years):

9Number of Fatality cases reported in FY 2023-24:

10. (a) Number of 2024 claims for which the employer or administrator was notified of representation by an attorney or legal representative in FY 2023-24:

10. (b) Number of non-2024 claims for which the employer or administrator was notified of representation by an attorney or legal representative in FY 2023-24:

11. Amount from salary continuation payments made pursuant to LC §4800/4850 of the applicable temporary disability rate for the period paid.

12. Amount from salary continuation payments made pursuant to LC §4800/4850 capped at the temporary disability rate for the period.

**Attach a List of ALL Open Indemnity Claims (by reporting location and by year) reported and with claims (in alphabetical order)

Fiscal Year 2023-24

\$ Medical

**Attach the Specific Excess Insurance Policy page(s).

Name of Administrator/Administrating Agency Submitting This Report

A. NAME OF ADMINISTRATOR(S)/ADM	MINISTRATING AGENCY	(IES) SUBMITT	TING THIS REPORT.
1. Name (Person)			Administrative Agency's
Agency Name			Certificate No.:
Address			or 🔲 Self Administered
City	State	Zip+4	
B. HAS THERE BEEN A CHANGE IN A		NISTRATIVE A	AGENCY DURING THE PERIOD OF
THIS REPORT PERIOD?	NO		
IF YES: DATE OF CHANGE:			
	mm/dd/yy		
TYPE OF CHANGE:	Change in Administrative	Agency	
	Change to or from Self Ac	lministration	
NAME OF <u>NEW</u> ADMINIST	RATOR(S)/ADMINISTRA	ATIVE AGENC	Y(IES):
Name			
Agency Name			
Address			
City	State		Zip+4

CERTIFICATION

I declare under penalty of perjury that I have prepared or caused this report to be prepared and I have examined this liabilities report of this self-insurer's workers' compensation liabilities. To the best of my knowledge and belief this report is true, correct and complete with respect to the workers' compensation liabilities incurred and paid. I further declare under the penalty of perjury that the estimates of future liability of workers' compensation claims made in this report reflect the administrator's best judgment as to the future liability of claims, using prevailing industry standards, and the signatory intends Self-Insurance Plans to rely upon the representation.

Original Signature of Administrator (Qualified Person)		Date	
Typed Name of Administrator		Title	
Administrator's First Name	M.I.	Last Name	
Name of Administrative Agency or Employer			
Street Address		City	
State	Zip+4		
Phone No. of Administrator		Fax No.	
E-mail Address of Administrator			



CERTIFICATION OF COMPANY OFFICER

NOTE: Labor Code Section 3701(a) requires every private, self-insuring employer to secure incurred liabilities for the payment of compensation by renewing or making a new deposit of security within 60 days of filing of this annual report, but in no event later than May 1 of each year. Civil penalties of up to \$5,000 for every 30 days or portion thereof that there is a failure to post deposit may be assessed by the Director of Industrial Relations pursuant to Labor Code Section 3702.9 for failure to post required deposit when due.

CERTIFICATION OF AUTHORIZED REPRESENTATIVE

I declare under the penalty of perjury that I have examined this Self-Insurer's Annual Report and to the best of my knowledge and belief it is true, correct and complete. I am also aware of our company's duty to post and maintain the required security deposit that is due as a result of this report.

Signature of Authorized Representative

Typed Name of Representative

Name of Company

Street Address

City

State

Zip+4

Date

Title

Phone No.



All Cases on this Page are

For the Year

LIST OF OPEN INDEMNITY CASES

AS OF

(Date)

Reporting Location No.:

Certificate Number:

NAME OF MASTER CERTIFICATE HOLDER:

Date of **Estimated Future Liability** Name of Insured or Deceased Paid to Date **Description of Injury** Injury (Last) (First Initial) **§** Indemnity **\$ Medical \$ Medical \$ Indemnity** (List Alphabetically within year) (List by reporting location and by year reported with claims in alphabetical order)

This is a sample format for the list of Open Indemnity Cases. Several Third Party Administrators use a different application to track this data. You can attach a separate listing to your annual report.

