LIVINGSTON COUNTY
SAI Number(s): 4345M5083

TRAVELERS

Detail Loss Report

Losses From: 12/01/2009 To 08/08/2013

Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
Line of Insurance: P - PROPERTY											
/LIVINGSTON COUNTY	028	FR	EUG7614	06/29/2012	07/02/2012	03/01/2013	C				
LIGHTNING STRUCK THE NEW ODELL TOWER.*****SEVERITY CHECK LIST***** BUILDING AND EXTERIOR DAMAGES: - OTHER BUILDING							Inc:	$32,713.00	$31,838.00	$0.00	$875.00
							Pd:	$32,712.92	$31,837.92	$0.00	$875.00
							O/S:	$0.00	$0.00	$0.00	$0.00
Subtotals for Line of Insurance : P											
Total Claim Count: 1							Inc:	$32,713.00	$31,838.00	$0.00	$875.00
							Pd:	$32,712.92	$31,837.92	$0.00	$875.00
							O/S:	$0.00	$0.00	$0.00	$0.00
Report Grand Totals											
Total Claim Count: 1							Inc:	$32,713.00	$31,838.00	$0.00	$875.00
							Pd:	$32,712.92	$31,837.92	$0.00	$875.00
							O/S:	$0.00	$0.00	$0.00	$0.00

Exhibit C
Detail Loss Report
Travelers Insurance

TRAVELERS

Detail Loss Report

Losses From: 12/01/2009 To 08/08/2013

Report Parameters

Report Name: Detail Loss
Losses From: 12/01/2009 To 08/08/2013

SAI Number(s): 4345M5083

Sorts

	Sort Name	Sort Label	Subtotal	Page Break
1.	Line of Insurance	Line of Insurance	Y	N

Limiting Statements

Large Loss Limiting

Drill Down Limiting Criteria