

Data Transmittal Memorandum Monte Carlo I Work-Product

Username sampleuser

Password sampleuser

New Plan and New Valuation

Addressees

Addressee Number 1

Company Name Administrators, Inc. ID T0001

Address 414 Main Street

City Portland State OR Zip 97114

Tel. 601-414-8888 Fax 601-516-1414

Email jsmith@admin.com Contact John Smith

Addressee Number 2

Company Name Self-Funding Actuarial ID E0001

Address 8025 North Point Blvd, Ste.. 207W

City Winston-Salem State NC Zip 27106

Tel. 336-759-2035 Fax 336-896-0392

Email harker2@earthlink.net Contact Carlton Harker

Addressee Number 3

Company Name ABC Manufacturing Co. ID P0006
Address 1841 Bypass Road
City Tupelo State MS Zip 37116
Tel. 614-160-1425 Fax 614-280-8416
Email bowner@abcco.com Contact Bill Owner

Plans

Name ABC Medical Plan ID 001

Addressee: Number T0001 Number 2 E0001 Number 3 P0006

DOL Number _____ Designation _____

Benefits: M Rx D V _____ STD _____
(For Aggregate Stop-Loss Purposes only)

Valuations

Valuation Number 01 Computation Date DEC09

Projected Period: Beg. Month JAN10 End Month DEC10

Variable-Corridor Aggregate Stop-Loss

Amount of Plan Sponsor Claims

Below Specific Only 4,013,000

All claims 4,433,000

Census: I 100 P/C 100 P/S 100

P+1 _____ P+2 _____ P/C+ _____

P/C/C+ _____ F 100

Specific Stop-Loss

Amount 50,000 Terms PD

Annualized Premium 390,000

Aggregate Stop-Loss

Amount 5,000,000 Terms PD

Annualized Premium 6,000

Lognormal Dispersal Index 4.3

Percent of Covered Persons with One or

More Claims 83