



WORKERS COMPENSATION EXPERIENCE RATING

THERMO CONTROL INC

NAME OF RISK

PO BOX 1102
MT PLEASANT, TX 75456-1102

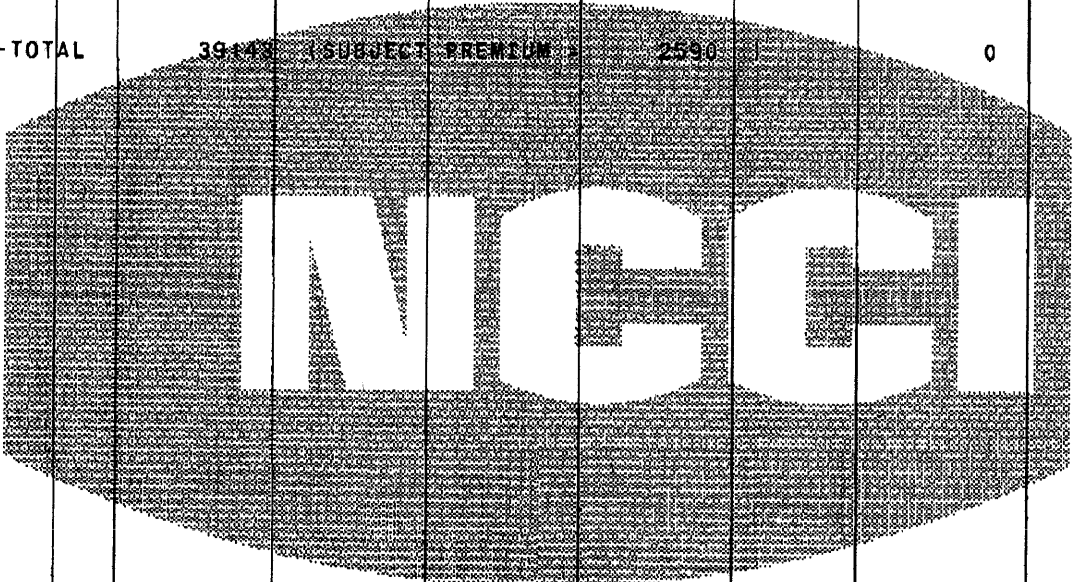
RISK IDENT. NO 420453051

EFFECTIVE DATE 05/22/07

STATE TEXAS

TDI #

1	2	3	4	5	6	7	8	9	10
CODE	ELR	D- RATIO	PAYROLL	EXPECTED LOSSES	EXP PRIM LOSSES	CLAIM DATA	I J F	ACT INC LOSSES	ACT PRIM LOSSES
CARRIER 29939			POLICY NO	0001131304		EFF-DATE	05/22/03	EXP-DATE	05/22/04
5474	312	25	26832	837	209				
5479	404	24	55214	2231	535				
POLICY-TOTAL			82046	(SUBJECT PREMIUM =		11312)	0	
CARRIER 29939			POLICY NO	0001131304		EFF-DATE	05/22/04	EXP-DATE	05/22/05
5474	312	25	36029	1124	281				
5479	404	24	25825	1043	250				
POLICY-TOTAL			61854	(SUBJECT PREMIUM =		7612)	0	
CARRIER 29939			POLICY NO	0001131304		EFF-DATE	05/22/05	EXP-DATE	05/22/06
5183	228	25	25958	592	148				
5474	312	25	13185	411	103				
POLICY-TOTAL			39143	(SUBJECT PREMIUM =		2590)	0	
(A)	(B)	(C) EXPECTED EXCESS (D-E)	(D)	(E)	(F) ACTUAL EXCESS (H-I)	(G)	(H)	(I)	
008		4712	6238	1526	0	7500		0	



* Total by Policy Year of all cases \$2,000 or less.
Limited loss.
C Catastrophic loss.
D Disease Loss.
E Employers Liability Loss.

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DATE 01/12/07

	(11) PRIMARY LOSSES	(12) STABILIZING VALUE	(13) RATABLE EXCESS	(14) TOTALS	(15) EXP. MOD.
	(II)	(IC) X (1-W) + (IG)	(IA) X (IF)	(JI)	(LJ) / (IK)
ACTUAL	0	11835	0	11835	
EXPECTED	1526	11835	377	13738	0 86