

CEO Information Solutions, Inc.

5404 Hoover Blvd. Suite 17
Tampa, FL 33634

Phone: 813-259-1160 Fax:813-259-1280

WORKERS COMPENSATION REPORT

Request For: DOE, JOHN
SSN: 222-22-2222
Date of Birth: 05/28/66
Requested: 01/25/07

Returned:02/01/07

State: FL 01/25/02 to 01/25/07

STATUS: CLOSED

CLAIMANT INFORMATION

DOA: 05/11/2002 **TIME OF ACC:** 12:45
OCCUPATION: FID RECEIVER

ACCIDENT INFORMATION

DATE OF ACCIDENT: 05/11/2002 **TIME OF INJURY:** 12:45 **COUNTY:** HERNANDO **ZIP**
CODE: 34602-0000
RISK CLASS: ()
CAUSE OF INJURY: STRAIN/INJURY BY NOC
MMI DATE: 00/00/0000

EMPLOYER INFORMATION

PARENT COMPANY: WAL-MART ASSOCIATES INC.
EMPLOYER NAME: WAL-MART ASSOCIATES INC. **SIC:** 5311 (**DEPARTMENT**
STORES)
EMPLOYER WC NUM: 000000000
EMPLOYER NOTIFIED DATE: 05/11/2002 **DATE EMPLOYED:** 02/16/1995 **LAST DATE**
WORKED: 05/11/2002

CARRIER INFORMATION

CARRIER NAME: WAL-MART STORES, INC.
CARRIER NUM: 09897 (**WAL-MART STORES, INC.**)
ADDRESS: P.O. BOX 44220 **JACKSONVILLE** , **FL** 32231-0000 **PHONE:**
(800)757-6113
CARRIER SERVICE AGENT: 06181 (**INTEGRATED ADMINISTRATORS**) **NAME:**
INTEGRATED ADMINISTRATORS
CARRIER NOTIFIED DATE: 05/15/2002 **POLICY NUMBER:** ****SELF-INSURED****

END OF REPORT
