



State of New Jersey
Department of Labor & Workforce Development
Division of Workers' Compensation

INSURANCE CARRIER/SELF-INSURER LIST OF DESIGNATED CONTACTS

P.L. 2008 Chapter 96, effective October 1, 2008, applies to workers' compensation insurance carriers and authorized self-insured employers. The law provides that:

Every carrier and self-insured employer shall designate a contact person who is responsible for responding to issues concerning medical and temporary disability benefits where no claim petition has been filed or where a claim petition has not been answered. The full name, telephone number, address, e-mail address, and fax number of the contact person shall be submitted to the division. Any changes in information about the contact person shall be immediately submitted to the division as they occur. After an answer is filed with the division, the attorney of record for the respondent shall act as the contact person in the case. Failure to comply with the provisions of this section shall result in a fine of \$2,500 for each day of noncompliance, payable to the Second Injury Fund.

The Division has compiled the attached contact person listing from information submitted to us by workers' compensation insurance carriers and authorized self-insurers. You can search for a particular company in this document by using the "Find" tool in Adobe Reader or by clicking on the embedded bookmarks.

If you find an error with a particular entry in the attached list, please contact the following to verify our records:

Melpomene Kotsines at (OSCF@dol.nj.gov) tel: 609-292-0165

Carriers/self-insurers that have not yet designated a contact person as required by law must do so by completing and submitting the Insurance Carrier Contact form available on our website:

nj.gov/labor/insurancecarriercontactform

Note: If you are a representative from a specific carrier/self-insurer who has already submitted an Insurance Carrier Contact Form to the Division but cannot locate your company in this listing, please contact us to verify that the form has been received by us. This form should also be used to submit any changes to the Division.

Thank you.

ABF FREIGHT SYSTEM, INC.

Name: RACHELLE PRATT, WC CLAIMS SPECIALIST
Address: ATTN: RISK MANAGEMENT
P.O. BOX 10048
FORT SMITH, AR 72917

Tel: 479 785 6233
Fax: 479 785 6396
Email: rpratt@arkbest.com

Name: ALLEN KING, MANAGER, WORKERS' COMP
Address: P.O. BOX 10048
FORT SMITH, AR 72917

Tel: 479 785 6218
Fax: 479 785 6396
Email: aking@arkbest.com

ACADIA INSURANCE COMPANY

Name: KIMBERLY MOORE, WC CLAIMS MANAGER
Address: BERKLEY MID-ATLANTIC GROUP
4820 LAKE BROOK DRIVE
SUITE 300

Tel: 804 237 5189
Fax: 877 684 5484
Email: kmoore@wrbmag.com

Name: KAROLINE SANDS, COUNSEL
Address: ACADIA INSURANCE COMPANY
ONE ACADIA COMMONS
WESTBROOK ME 04092

Tel: 207 228 1932
Fax: 207 771 8090
Email: karoline.sands@acadia-ins.com

ACCEPTANCE INDEMNITY INSURANCE COMPANY

Name: CASSANDRA GOMEZ, MANAGER CLAIM SERVICES
Address: ACCEPTANCE INDEMNITY INSURANCE COMPANY
215 SHULMAN BLVD.
SUITE 400

Tel: 630 864 3450
Fax: 630 864 3305
Email: cassandra.gomez@iatinsurance.com

Name: MICHAEL BLINSON, SVP CORPORATE SECRETARY
Address: HARCO NATIONAL INSURANCE COMPANY
702 OBERLIN ROAD
RALEIGH NC 27605

Tel: 919 831 8176
Fax: 919 831 8160
Email: mikeblinson@iatinsurance.com

ACCIDENT FUND GENERAL INSURANCE COMPANY

Name: JOE WROZEK, COMPLIANCE SPECIALIST
Address: AF GROUP
200 N. GRAND AVENUE
LANSING, MI 48901

Tel: 517 708 5277
Fax: 517 316 2706
Email: cccompliance@afhi.com

Name: NELLIE OSOWSKI, COMPLIANCE SPECIALIST
Address: AF GROUP
15200 W. SMALL RD.
NEW BERLIN WI 53151

Tel: 262 787 7818
Fax: 262 787 7819
Email: cccompliance@afhi.com

ACCIDENT FUND INSURANCE COMPANY OF AMERICA

Name: JOE WROZEK, COMPLIANCE SPECIALIST
Address: AF GROUP
PO BOX 40790
LANSING MI 48901

Tel: 517 708 5277
Fax: 517 316 2706
Email: cccompliance@afhi.com

Name: NELLIE OSOWSKI, COMPLIANCE SPECIALIST
Address: AF GROUP
P.O. BOX 40790
LANSING MI 48901

Tel: 262 787 7818
Fax: 262 787 7819
Email: cccompliance@afhi.com

ACCIDENT FUND NATIONAL INSURANCE COMPANY

Name: JOE WROZEK, COMPLIANCE SPECIALIST
Address: AF GROUP
200 N. GRAND AVE.
LANSING, MI 48901

Tel: 517 708 5277
Fax: 517 316 2706
Email: cccompliance@afhi.com

Name: NELLIE OSOWSKI, COMPLIANCE SPECIALIST
Address: AF GROUP
15200 W. SMALL ROAD
NEW BERLIN WI 53151

Tel: 262 787 7818
Fax: 262 787 7819
Email: cccompliance@afhi.com

ACCREDITED SURETY & CASUALTY COMPANY INC

Name: CHRIS BARTHOLET, SR CLAIMS MANAGER
Address: 4798 NEW BROAD STREET
SUITE 200
ORLANDO FL 32814

Tel: 407 629 2131
Fax: 407 629 4553
Email: claims.department@accredited-inc.com

Name: BRENDA FERRELL, CLAIMS MANAGER
Address: 4798 NEW BROAD STREET
SUITE 200
ORLANDO FL 32814

Tel: 407 629 2131
Fax: 407 629 4553
Email: claims.department@accredited-inc.com

ACE AMERICAN INSURANCE COMPANY

Name: CHANDRA WINTERS, MANAGER,DISABILITY COMP PROGRAM
Address: CSAA INSURANCE GROUP
3055 OAK ROAD
WALNUT CREEK CA 94597

Tel: 925 279 4158
Fax: 877 813 3551
Email: chandra.wilson@csaa.com

Name:
Address:

Tel:
Fax:
Email:

ACE FIRE UNDERWRITERS INSURANCE COMPANY

Name: TOM EASON, AVP WORKERS' COMPENSATION CLAIMS
Address: CHUBB NORTH AMERICA CLAIMS
1 BEAVER VALLEY ROAD
WILMINGTON DE 19803

Tel: 302 476 7824
Fax: 302 476 7858
Email: thomas.eason@chubb.com

Name: DAVID KROLL, AVP WORKERS' COMPENSATION CLAIMS
Address: CHUBB NORTH AMERICA CLAIMS
P.O. BOX 5118
SCRANTON PA 19803

Tel: 818 428 3753
Fax: 818 428 3588
Email: david.kroll@chubb.com

ACE PROPERTY & CASUALTY INSURANCE COMPANY

Name: TOM EASON, AVP WORKERS' COMPENSATION CLAIMS
Address: CHUBB NORTH AMERICA CLAIMS
1 BEAVER VALLEY ROAD
WILMINGTON, DE 19803

Tel: 302 476 7824
Fax: 302 476 7858
Email: thomas.eason@chubb.com

Name: DAVID KROLL, AVP WORKERS' COMPENSATION CLAIMS
Address: CHUBB NORTH AMERICA CLAIMS
P.O. BOX 5118
SCRANTON PA 18505

Tel: 818 428 3753
Fax: 818 428 3588
Email: david.kroll@chubb.com

ACIG INSURANCE COMPANY

Name: PHIL OGLESBY, CLAIMS MANAGER
Address: ACIG INSURANCE COMPANY
2600 NORTH CENTRAL EXPRESSWAY
SUITE 800

Tel: 972 702 9004
Fax: 972 687 0602
Email: claimsnotices@acig.com

Name: RENE PINSON, VICE PRESIDENT - CLAIMS
Address: ACIG INSURANCE COMPANY
2600 NORTH CENTRAL EXPRESSWAY
SUITE 800

Tel: 972 702 9004
Fax: 972 687 0602
Email: claimsnotices@acig.com

ADMIRAL INSURANCE COMPANY

Name: JANET SHEMANSKE, ASSISTANT SECRETARY
Address: ADMIRAL INSURANCE COMPAY C/O W.R. BERKLEY E
& S CENTER
7233 E. BUTHERUS DRIVE

Tel: 480 922 4045
Fax: 480 281 0791
Email: nic_regulatory@nautilus-ins.com

Name: TREA MIHALOVICH, REGULATORY ANALYST
Address: ADMIRAL INSURANCE COMPANY C/O W. R. BERKLEY
E & S CENTER
7233 E. BUTHERUS DRIVE

Tel: 480 509 6627
Fax: 480 477 1554
Email: nic_regulatory@nautilus-ins.com

AIG CLAIMS INC

Name: LAURA MOREN, TECHNICAL HOME OFFICE DIRECTOR
Address: AIG
222 SW COLUMBIA STREET
10TH FLOOR

Tel: 503 417 8320
Fax: 877 304 4360
Email: LAURA.MOREN@AIG.COM

AIG CLAIMS SERVICES WAWA UNIT

Name: LAURA MOREN, TECHNICAL HOME OFFICE
Address: AIG
222 SW COLUMBIA STREET
10TH FLOOR

Tel: 503 417 8320
Fax: 877 304 4360
Email: Laura.Moren@aig.com

AIG PROPERTY CASUALTY COMPANY

Name: JANICE MOORE, ASST. VICE PRESIDENT
Address: P O BOX 25991
SHAWNEE MISSION KS 66225

Tel: 302 765 1635
Fax: 302 765 1806
Email: Janicem.moore@aig.com

AIU INSURANCE COMPANY

Name: LAURA MOREN, TECHNICAL HOME OFFICE DIRECTOR
Address: AIG
222 SW COLUMBIA STREET
10TH FLOOR

Tel: 503 417 8320
Fax: 877 304 4360
Email: Laura.Moren@aig.com

ALAMANCE INSURANCE COMPANY

Name: JOHN MAHONEY, CHIEF CLAIM OFFICER
Address: ALAMANCE INSURANCE COMPANY
185 ASYLUM STREET
7TH FLOOR

Tel: 860 756 7771
Fax: 860 723 8230
Email: jwmahoney@ifgcompanies.com

Name: JEFFREY ROBERTS, DIRECTOR, HO CLAIM
Address: ALAMANCE INSURANCE COMPANY
185 ASYLUM STREET
7TH FLOOR

Tel: 860 723 8217
Fax: 860 723 8230
Email: jwroberts@ifgcompanies.com

ALEA NORTH AMERICA INSURANCE COMPANY

Name: SUSANNE MAZZONE, VICE PRESIDENT, COMPLIANCE
Address: 55 CAPITAL BLVD.
ROCKY HILL, CT 06067

Tel: 860 258 6508
Fax: 860 258 6725
Email: susanne.mazzone@aleagroup.com

Name: SUZANNE FETTER, SR. VP, HEAD OF CLAIMS
Address: 55 CAPITAL BLVD.
ROCKY HILL, CT 06067

Tel: 860 258 6512
Fax: 860 258 6725
Email: suzanne.fetter@aleagroup.com

ALL AMERICA INSURANCE COMPANY

Name: JAMIE WIECHART, CLAIMS MANAGER
Address: ALL AMERICA INSURANCE COMPANY
800 S. WASHINGTON STREET
VAN WERT OH 45891

Tel: 800 786 9169
Fax: 800 736 7026
Email: jwiechart@central-insurance.com

Name: KIM BUTLER, CLAIM REP
Address: ALL AMERICAN INSURANCE COMPANY
800 S. WASHINGTON STREET
VAN WERT OH 45891

Tel: 800 736 7000
Fax: 800 736 7026
Email: kbutler@central-insurance.com

ALLIANZ GLOBAL RISKS US INSURANCE COMPANY

Name: MIKE DAVIES, CLAIM MANAGER
Address: P.O. BOX 7782
BURBANK, CA 91510

Tel: 818 260 7212
Fax: 818 260 7218
Email: mdavies@aic-allianz.com

Name: CRAIG FREY, ASST. VICE PRESIDENT
Address: P.O. BOX 7782
BURBANK, CA 91510

Tel: 818 260 7152
Fax: 818 260 7218
Email: cfrey@aic-allianz.com

ALLIED EASTERN INDEMNITY COMPANY

Name: ROBERT ALCOCK, SUPERVISOR OF REGIONAL CLAIMS
Address: ALLIED EASTERN INDEMNITY COMPANY
25 RACE AVENUE
LANCASTER PA 17603

Tel: 855 533 3444 ext: 1624
Fax: 717 481 7170
Email: ralcock@eains.com

Name: TARA HOOPER, DIRECTOR OF REGIONAL CLAIMS
Address: ALLIED EASTERN INDEMNITY COMPANY
25 RACE AVENUE
LANCASTER PA 17603

Tel: 855 533 3444 ext: 1645
Fax: 717 481 8214
Email: thooper@eains.com

ALLIED INSURANCE COMPANY

Name: MELISSA TRIMMER, WC CLAIM MANAGER
Address: ALLIED INSURANCE COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 380 251 9139
Fax:
Email: mtrimme@nationwide.com

Name: ANGELA DORAN, WC CONSULTANT
Address: ALLIED INSURANCE COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 614 677 8613
Fax:
Email: stateWC@nationwide.com

ALLMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

Name: KRISTY CARAHER, UNIT MANAGER WC
Address: THE HANOVER INSURANCE GROUP
PO BOX 15144
440 LINCOLN STREET

Tel: 315 453 4361
Fax: 508 635 8809
Email: kcaraher@hanover.com

Name: LAURA THORSEN, UNIT MANAGER WC
Address: THE HANOVER INSURANCE GROUP
PO BOX 15144
440 LINCOLN STREET

Tel: 508 855 5279
Fax: 508 635 8809
Email: WCStateforms@hanover.com

ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

Name: KRISTY CARAHER, UNIT MANAGER WC
Address: THE HANOVER INSURANCE GROUP
PO BOX 15144
440 LINCOLN STREET

Tel: 315 453 4361
Fax: 508 635 8809
Email: kcaraher@hanover.com

Name: LAURA THORSEN, UNIT MANAGER WC
Address: THE HANOVER INSURANCE GROUP
PO BOX 15144
440 LINCOLN STREET

Tel: 508 855 5279
Fax: 508 635 8809
Email: WCStateforms@hanover.com

AMERICAN ALTERNATIVE INSURANCE COMPANY

Name: CHARLES KROH, VICE PRESIDENT
Address: 555 COLLEGE ROAD EAST
PRINCETON, NJ 08543

Tel: 609 243 4846
Fax: 609 243 4558
Email: ckroh@munichreamerica.com

Name: STEPHEN DIONISIO, VICE PRESIDENT
Address: 555 COLLEGE ROAD EAST
PRINCETON, NJ 08543

Tel: 609 243 4514
Fax: 609 243 4558
Email: sdionisio@munichreamerica.com

AMERICAN AUTOMOBILE INSURANCE COMPANY

Name: KIM SHOTKOSKI, CLAIMS COMPLIANCE MANAGER
Address: AMERICAN AUTOMOBILE INS COMPANY
P.O. BOX 970
O'FALLON MO 63368

Tel: 424 506 1781
Fax: 424 506 1781
Email: kshotkoski@soundviewclaims.com

Name: STEPHEN LANGSTAFF, CLAIMS SUPERVISOR
Address: SOUNDVIEW CLAIMS
P.O. BOX 970
O FALLON MO 63368

Tel: 424 506 1931
Fax: 424 506 1931
Email: slangstaff@soundviewclaims.com

AMERICAN CASUALTY COMPANY OF READING PA

Name: KEVIN ZACCHIA, ASSISTANT VICE PRESIDENT
Address: 5786 WIDEWATERS
DEWITT NY 13214

Tel: 315 431 6752
Fax: 714 256 7905
Email: Kevin.Zacchia@cna.com

Name: TAMMY SOWERS, WORKERS' COMPENSATION CLAIM MANAGER
Address: ONE MERIDIAN BOULEVARD
WYOMISSING PA 19610

Tel: 610 320 4410
Fax: 877 371 5122
Email: Tammy.Sowers@cna.com

AMERICAN COMPENSATION INSURANCE COMPANY

Name: SUSAN PILON, WC CLAIM MANAGER
Address: STATE AUTO INSURANCE COMPANIES
P.O. BOX 182617
COLUMBUS OH 43218

Tel: 952 897 5543
Fax: 800 563 3364
Email: susan.pilon@libertymutual.com

Name: MICHAEL SCHNEIDER, CLAIMS TEAM MANAGER
Address: STATE AUTO INSURANCE COMPANIES
P.O. BOX 182617
COLUMBUS OH 43218

Tel: 952 893 3774
Fax: 800 563 3364
Email: michael.schneider@libertymutual.com

AMERICAN EUROPEAN INSURANCE COMPANY

Name: DEE GRAULICH, WC CLAIM REPRESENTATIVE
Address: 309 FELLOWSHIP ROAD
SUITE 300
MT. LAUREL NJ 08054

Tel: 856 235 8890 ext: 271
Fax: 856 778 8290
Email: fgraulich@merchantsgroup.com

Name: BILL WOLFE, CLAIMS MANAGER
Address: 309 FELLOWSHIP ROAD
SUITE 300
MT. LAUREL NJ 08054

Tel: 856 235 8890 ext: 270
Fax: 856 778 8290
Email: wwolfe@merchantsgroup.com

AMERICAN FIRE & CASUALTY INSURANCE COMAPNY

Name: TODD GANCARZ, UNIT LEADER
Address: 5062 BRITTONFIELD PARKWAY
E. SYRACUSE, NY 13057

Tel: 315 431 6131
Fax: 800 526 0681
Email: todd.gancarz@peerless-ins.com

Name: KAREN PEINKOFER, UNIT LEADER
Address: 5062 BRITTONFIELD PARKWAY
E. SYRACUSE, NY 13057

Tel: 315 431 6322
Fax: 800 526 0681
Email: Karen.Peinkofer@peerless-ins.com

AMERICAN GUARANTEE & LIABILITY INSURANCE COMPANY

Name: KENNETH NIGRO, ASSISTANT VICE PRESIDENT
Address: AMERICAN GUARANTEE & LIABILITY INSURANCE CO
300 INTERPACE PARKWAY, BLDG B/C
PARSIPPANY NJ 07054

Tel: 973 394 5241
Fax: 973 394 5262
Email: KENNETH.NIGRO@ZURICHNA.COM

Name: BETH BLANCHARD, TEAM MANAGER
Address: AMERICAN GUARANTEE & LIABILITY INSURANCE
COMPANY
1299 ZURICH WAY

Tel: 617 570 8827
Fax: 973 394 5262
Email: elizabeth.blanchard@zurichna.com

AMERICAN HOME ASSURANCE COMPANY

Name: LAURA MOREN, TECHNICAL HOME OFFICE DIRECTOR
Address: AIG
222 SW COLUMBIA STREET
10TH FLOOR

Tel: 503 417 8320
Fax: 877 304 4360
Email: LAURA.MOREN@AIG.COM

AMERICAN INSURANCE COMPANY

Name: JASON FREDRICK, CLAIMS MANAGER
Address: AMERICAN INSURANCE COMPANY
1 PROGRESS POINT PARKWAY, SUITE 2
O'FALLON MO 63368

Tel: 314 817 2806
Fax: 888 887 6381
Email: jason.fredrick@agcs.allianz.com

Name: SARA MAREK, WORKERS' COMPENSATION SUPERVISOR
Address: AMERICAN INSURANCE COMPANY
1 PROGRESS POINT PARKWAY, SUITE 2
OFALLON MO 63368

Tel: 314 513 1014
Fax: 314 552 7406
Email: sara.marek@agcs.allianz.com

AMERICAN ZURICH INSURANCE COMPANY

Name: KENNETH NIGRO, ASSISTANT VICE PRESIDENT
Address: AMERICAN ZURICH INS CO, 300 INTERPACE PKWY
MORRIS CORP#1, BLDG B/C
PARSIPPANY NJ 07054

Tel: 973 394 5241
Fax: 973 394 5262
Email: kenneth.nigro@zurichna.com

Name: BETH BLANCHARD, TEAM MANAGER
Address: AMERICAN ZURICH INSURANCE COMPANY
1299 ZURICH WAY
SCHAUMBURG IL 06019

Tel: 617 570 8827
Fax: 973 394 5262
Email: elizabeth.blanchard@zurichna.com

AMERICAS INSURANCE COMPANY

Name: ANNE MISSETT, CHIEF OPERATING OFFICER
Address: AMERICAS INSURANCE COMPANY
400 POYDRAS STREET
SUITE 1150

Tel: 504 353 4151
Fax: 504 523 0084
Email: Anne.Missett@Americas-Insurance.com

Name: MARK NEWMAN, COMPLIANCE COORDINATOR
Address: AMERICAS INSURANCE COMPANY
400 POYDRAS STREET
SUITE 1150

Tel: 504 353 4167
Fax: 504 323 0084
Email: Mark.Newman@Americas-Insurance.com

AMERISURE INSURANCE COMPANY

Name: RACHEL FRASSETTO, UNIT MANAGER
Address: 26777 HALSTED ROAD
FARMINGTON HILLS, MI 48331

Tel: 248 442 6644
Fax: 248 615 8602
Email: Rfrassetto@amerisure.com

Name: KIMBERLY VAUGHN, AVP, CLAIMS
Address: 26777 HALSTEAD ROAD
FARMINGTON HILLS, MI 48331

Tel: 248 615 8341
Fax: 248 615 8602
Email: kvaughn@amerisure.com

AMERISURE MUTUAL INSURANCE COMPANY

Name: RACHEL FRASSETTO, UNIT MANAGER
Address: 26777 HALSTED ROAD
FARMINGTON HILLS, MI 48331

Tel: 248 442 6642
Fax: 248 615 8602
Email: Rfrassetto@amerisure.com

Name: KIMBERLY VAUGHN, AVP, CLAIMS
Address: 26777 HALSTED ROAD
FARMINGTON HILLS, MI 48331

Tel: 248 615 8341
Fax: 248 615 8602
Email: kvaughn@amerisure.com

AMERITRUST INSURANCE CORPORATION

Name: LINDA FEATHERNGILL, WC CLAIMS SUPERVISOR
Address: P.O. BOX 5086
SOUTHFIELD, MI 48086

Tel: 248 204 8149
Fax: 248 692 0432
Email: Linda.Featherngill@Meadowbrook.com

Name: RANDY LESTER, CLAIMS MANAGER
Address: P.O. BOX 5086
SOUTHFIELD, MI 48086

Tel: 248 204 8563
Fax: 248 281 5370
Email: Randy.Lester@Meadowbrook.com

AMGUARD INSURANCE COMPANY

Name: ZACHARY PLESCIA, PARALEGAL
Address: AMGUARD INSURANCE COMPANY
P.O. BOX 1368
WILKES-BARRE PA 18703

Tel: 800 673 2465
Fax: 570 825 2065
Email: zachary.plescia@guard.com

Name:
Address:

Tel:
Fax:
Email:

AMTRUST INSURANCE COMPANY

Name: MELISSA KOVACSY, DIRECTOR
Address: AMTRUST FINANCIAL SERVICES, INC
116 VILLAGE BLVD, SUITE 303
PRINCETON NJ 08540

Tel: 609 936 3003
Fax:
Email: melissa.kovacsy@amtrustgroup.com

Name: PATRICIA ROMAN, SENIOR CLAIMS MANAGER
Address: AMTRUST FINANCIAL SERVICES, INC
116 VILLAGE BLVD, SUITE 303
PRINCETON NJ 08540

Tel: 201 630 2233
Fax: 678 258 8395
Email: Patricia.Roman@amtrustgroup.com

ARCH INSURANCE COMPANY

Name: PAUL BERKOWITZ, WORKERS' COMPENSATION DIRECTOR
Address: ARCH INSURANCE COMPANY
210 HUDSON STREET
SUITE 300

Tel: 201 743 4571
Fax: 866 266 3630
Email: pbekowitz@archinsurance.com

Name: MARIO BRACUTI, SVP WORKERS COMPENSATION
Address: ARCH INSURANCE COMPANY
210 HUDSON STREET
SUITE 300

Tel: 201 743 4773
Fax: 866 266 3660
Email: mbracuti@archinsurance.com

ARGONAUT GREAT CENTRAL INSURANCE COMPANY

Name: MARILYN BRANDS, VP OF WORKERS' COMPENSATION CLAIMS
Address: 100 MARINE PARKWAY
REDWOOD CITY, CA 94605

Tel: 650 508 5403
Fax: 309 690 3920
Email: mbrands@argogroupus.com

Name: MELINDA SEILER, REGIONAL CLAIMS DIRECTOR
Address: 8325 N. ALLEN RD., SUITE B
PEORIA, IL 61615

Tel: 309 690 3901
Fax: 309 690 3920
Email: mseiler@argogroupus.com

ARGONAUT INSURANCE COMPANY

Name: KIRSTYN STATEN, PEOPLE OPERATIONS COORDINATOR
Address: LURIN MANAGEMENT SERVICES LLC
2201 N CENTRAL EXPRESSWAY, SUITE 260
RICHARDSON TX 75080

Tel: 241 856 1671
Fax:
Email: KSTATEN@LURIN.COM

Name: COURTNEY COFFEY, MANAGER PEOPLE OPERATIONS
Address: LURIN MANAGEMENT SERVICES LLC
2201 N CENTRAL EXPRESSWAY, SUITE 260
RICHARDSON TX 75080

Tel: 214 856 1543
Fax:
Email: CCOFFEY@LURIN.COM

ARGONAUT-MIDWEST INSURANCE COMPANY

Name: MARILYN BRANDS, VP OF WORKERS' COMPENSATION CLAIMS
Address: 100 MARINE PARKWAY
REDWOOD CITY, CA 94605

Tel: 650 508 5403
Fax: 309 690 3920
Email: mbrands@argogroupus.com

Name: MELINDA SEILER, REGIONAL CLAIMS DIRECTOR
Address: 8325 N. ALLEN RD., SUITE B
PEORIA, IL 61615

Tel: 309 690 3901
Fax: 309 690 3920
Email: mseiler@argogroupus.com

ARI INSURANCE COMPANY

Name: MELISSA KOVACSY, DIRECTOR
Address: AMTRUST FINANCIAL
116 VILLAGE BOULEVARD
SUITE 303

Tel: 609 936 3003
Fax: 678 258 8395
Email: melissa.kovacsy@amtrustgroup.com

Name: PATRICIA ROMAN, SENIOR CLAIMS MANAGER
Address: AMTRUST FINANCIAL SERVICES, INC
116 VILLAGE BOULEVARD
SUITE 303

Tel: 201 630 2233
Fax: 678 258 8395
Email: patricia.roman@amtrustgroup.com

ATLANTA INTERNATIONAL INSURANCE COMPANY

Name: PETER J JACOBUS, PRESIDENT
Address: 7230 MCGINNIS FERRY ROAD
SUITE 200
SUWANEE, GA 30024

Tel: 678 512 2333
Fax: 678 512 2490
Email: Peter_Jacobus@aon.com

Name: JANICE EARWOOD, ADMINISTRATIVE SERVICES MANAGER
Address: 7230 MCGINNIS FERRY ROAD
SUITE 200
SUWANEE, GA 30024

Tel: 678 512 2335
Fax: 678 512 2490
Email: Janice_Earwood@aon.com

ATLANTIC EMPLOYERS INSURANCE COMPANY

Name: TOM EASON, AVP, WORKERS' COMPENSATION CLAIMS
Address: CHUBB NORTH AMERICA CLAIMS
1 BEAVER VALLEY ROAD
WILMINGTON, DE 19803

Tel: 302 476 7824
Fax: 302 476 7858
Email: thomas.easton@chubb.com

Name: DAVID KROLL, AVP, WORKERS' COMPENSATION CLAIMS
Address: CHUBB NORTH AMERICA CLAIMS
P.O. BOX 5118
SCRANTON PA 18505

Tel: 818 428 3753
Fax: 818 428 3588
Email: david.kroll@chubb.com

ATLANTIC HEALTH SYSTEMS INC & SUBS

Name: ASHLEY MCENROE, ESQ, ATTORNEY
Address: 475 SOUTH STREET
P.O. BOX 1905
MORRISTOWN NJ 07962

Tel: 973 660 3552
Fax: 973 360 0540
Email: Ashley.mcenroe@atlantichhealth.org

Name:

Address: 8000 MIDLANTIC DR, STE 300
LAUREL CORPORATE CENTER
MT LAUREL NJ 08054

Tel: 856 914 2065
Fax: 856 439 3168
Email: sfanon@capehart.com

ATLANTIC SPECIALTY INSURANCE COMPANY

Name: CINDY VAN EYLL, VP OF WC CLAIMS

Address: OBI AMERICA INSURANCE COMPANY
605 NORTH AMERICA HIGHWAY 169
SUITE 800

Tel: 952 852 0828
Fax: 866 639 0437
Email: cvaneyll@IntactInsurance.com

Name: CHRIS BAER, CLAIMS SUPERVISOR

Address: OBI AMERICA INSURANCE COMPANY
188 INVERNESS DRIVE WEST, SUITE 600
ENGLEWOOD CO 80112

Tel: 781 332 8708
Fax: 866 387 9623
Email: cbaer@IntactInsurance.com

ATLANTICARE REGIONAL MEDICAL CENTER

Name: BRITTANY PATTERSON, CORPORATE DIRECTOR, INTEGRATED DISABILITY

Address: AIRPORT COMMERCE CENTER
6550 DELILAH ROAD
SUITE 210B

Tel: 609 677 6019
Fax: 609 272 6344
Email: BLPATTERSON@atlanticare.org

Name: ADINA LAFFERTY, WORKERS' COMPENSATION SPECIALIST

Address: AIRPORT COMMERCE CENTER
6550 DELILAH ROAD
SUITE 210B

Tel: 609 407 2382
Fax: 609 272 6344
Email: ABLAFFERTY@atlanticare.org

AUTOMOBILE INSURANCE CO. OF HARTFORD CT

Name: HELAINE ALEDORT, 2ND VP

Address: THE TRAVELERS COMPANIES, INC.
P.O. BOX 4614
BUFFALO NY 14240

Tel: 631 577 7203
Fax: 877 786 5568
Email: haledort@travelers.com

Name: TROY TICE, DIRECTOR OF OPERATIONS

Address: THE TRAVELERS COMPANIES INC.
445 SOUTH STREET
MORRISTOWN, NJ 07960

Tel: 973 631 3099
Fax: 877 786 5568
Email: ttice@travelers.com

AXA INSURANCE COMPANY

Name: ANTHONY HAMPTON, REGIONAL CLAIMS OPERATIONS LEAD

Address: AXA XL
P.O. BOX 211547
DALLAS TX 75211

Tel: 877 720 8844
Fax: 877 896 4562
Email: xlclaims.general.emailbox4documentum.axax

Name: JOHN CONROY, ASST VP, SR. CLAIMS SPECIALIST

Address: AXA XL
505 EAGLEVIEW BOULEVARD
4TH FLOOR

Tel: 877 720 8844
Fax: 877 896 4562
Email: xlclaims.general.emailbox4documentum.axax

BANCROFT NEUROHEALTH, INC.

Name: TONY DIBARTOLLO, V.P. HUMAN RESOURCES
Address: 800 NO. KINGS HWY., SUITE 305
CHERRY HILL, NJ 08034

Tel: 856 667 7397 ext: 1195
Fax: 856 348 1219
Email: Tdibartolo@bnh.org

Name: MICHAEL SALERNO, ADMINISTRATOR
Address: 330 MILLTOWN ROAD, SUITE E-11
EAST BRUNSWICK, NJ 08816

Tel: 732 613 1600
Fax: 732 613 9328
Email: Mikesal226@aoc.com

BANKERS STANDARD INSURANCE COMPANY

Name: TOM EASON, AVP WORKERS' COMPENSATION CLAIMS
Address: CHUBB NORTH AMERICA CLAIMS
1 BEAVER VALLEY ROAD
WILMINGTON, DE 19803

Tel: 302 476 7824
Fax: 302 476 7858
Email: thomas.eason@chubb.com

Name: DAVID KROLL, AVP WORKERS' COMPENSATION CLAIMS
Address: CHUBB NORTH AMERICA CLAIMS
P.O. BOX 5118
SCRANTON PA 18505

Tel: 818 428 3753
Fax: 818 428 3588
Email: david.kroll@chubb.com

BARNABAS HEALTH INC

Name: DAVID A. MEBANE, ESQ., SR. V.P. FOR LEGAL AFFAIRS - CHIEF LEGAL OFFICER
Address: 95 OLD SHORT HILLS ROAD
WEST ORANGE, NJ 07052

Tel: 973 322 4042
Fax: 973 322 4040
Email: dmebane@barnabashealth.org

Name: CARYL RUSSO, SR. VICE PRESIDENT, CORPORATE CARE
Address: KIMBALL MEDICAL CENTER
600 RIVER AVENUE
LAKEWOOD, NJ 08701

Tel: 732 557 7074
Fax: 732 557 7165
Email: crusso@barnabashealth.org

BENCHMARK INSURANCE COMPANY

Name: ROBERT ROTH, COMPLIANCE MANAGER
Address: BENCHMARK INSURANCE COMPANY
150 LAKE STREET WEST
WAYZATA MN 55391

Tel: 952 974 2200
Fax: 952 974 2222
Email: compliance@trcancorp.com

BERKLEY CASUALTY COMPANY

Name: TAMMY ANSELL, QUALITY & TRAINING MANAGER
Address: BERKLEY CASUALTY COMPANY
P.O. BOX 660847
BIRMINGHAM AL 35266

Tel: 205 874 8204
Fax: 205 870 3245
Email: tansell@berkindcomp.com

Name: PETER GELSINGER, REGIONAL RESOLUTION MANAGER
Address: BERKLEY CASUALTY COMPANY
P.O. BOX 660847
BIRMINGHAM AL 35266

Tel: 205 874 8241
Fax: 205 870 3245
Email: pgelsinger@berkindcomp.com

BERKLEY NATIONAL INSURANCE COMPANY

Name: ROBERT BUEHLER, ASSISTANT SECRETARY
Address: 215 SHUMAN BLVD., SUITE 200
NAPERVILLE, IL 60563

Tel: 630 210 0359
Fax: 630 210 0377
Email: rbuehler@wrberkley.com

Name: PATRICIA PETERS, REGULATORY ADMINISTRATOR
Address: 215 SHUMAN BLVD., SUITE 200
NAPERVILLE, IL 60563

Tel: 630 210 0359
Fax: 630 210 0377
Email: ppeters@wrberkley.com

BERKLEY REGIONAL INSURANCE COMPANY

Name: MELISSA RIEFENHAUSER, COMPLIANCE COORDINATOR
Address: W.R. BERKLEY CO
2445 KUSER ROAD
SUITE 201

Tel: 609 584 4575
Fax: 609 588 5770
Email: mriefenhauser@wrberkley.com

Name: SUZANNE SCELZA, VICE PRESIDENT, REGULATORY COMPLIANCE
Address: W.R. BERKLEY CO
1445 KUSER ROAD
SUITE 201

Tel: 609 689 6648
Fax: 609 588 5770
Email: sscelza@wrberkley.com

BERKSHIRE HATHAWAY DIRECT INSURANCE CO

Name: LAURA FORTRESS, CLAIMS MANAGER- WORKER'S COMPENSATION
Address: BERKSHIRE HATHAWAY DIRECT INSURANCE CO
PO BOX 3300
WILKES-BARRE PA 18773

Tel: 570 606 0746
Fax: 203 989 2652
Email: laura.fortress@biberk.com

Name: MALCOLM WINNE, WORKERS' COMPENSATION COMPLIANCE ANALYST
Address: BERSHIRE HATHAWAY DIRECT INSURANCE CO
PO BOX 3300
WILKES-BARRE PA 18773

Tel: 570 606 3605
Fax: 203 989 2652
Email: compliancedepartment@biberk.com

BERKSHIRE HATHAWAY HOMESTATE INSURANCE CO (FMLY CORNHUSKERS CASUALTY)

Name: JACOB MILLER, MANAGER
Address: BERKSHIRE HATHAWAY HOMESTATE COMPANIES
P.O. BOX 881716
SAN FRANCISCO CA 94188

Tel: 402 952 5176
Fax: 415 675 5469
Email: jamiller@bhhc.com

Name: NICOLE ALBRECHT, ASSISTANT DIRECTOR
Address: BERKSHIRE HATHAWAY HOMESTATE COMPANIES
P.O. BOX 881716
SAN FRANCISCO CA 94188

Tel: 800 661 6029
Fax: 415 675 5469
Email: nalbrecht@bhhc.com

BITCO GENERAL INSURANCE CO

Name: CHRISTIAN O'BRIAN, HOME OFFICE CLAIMS ADMINISTRATOR
Address: BITCO GENERAL INSURANCE CO.
3700 MARKET SQUARE CIRCLE
DAVENPORT IA 52807

Tel: 563 232 0261
Fax: 844 505 7271
Email: christian.obrian@bitco.com

Name:
Address:

Tel:
Fax:
Email:

BITCO NATIONAL INSURANCE CO

Name: CHRISTIAN O'BRIAN, HOME OFFICE CLAIMS ADMINISTRATOR
Address: BITCO NATIONAL INSURANCE COMPANY
3700 MARKET SQUARE CIRCLE
DAVENPORT IA 52807

Tel: 563 232 0261
Fax: 844 505 7271
Email: christian.obrian@bitco.com

Name:
Address:

Tel:
Fax:
Email:

BJ'S WHOLESALE CLUB, INC.

Name: JOHN WEISERT, DIRECTOR OF RISK AND INSURANCE
Address: BJ'S WHOLESALE CLUB INC
25 RESEARCH DRIVE
WESTBORO MA 01581

Tel: 774 512 6433
Fax: 774 512 6422
Email: jweisert@bjs.com

Name: STEPHANIE TWOHIG, CLAIMS MANAGER
Address: BJ'S WHOLESALE CLUB INC
25 RESEARCH DRIVE
WESTBORO MA 01581

Tel: 774 512 6397
Fax: 508 986 7184
Email: stwohig@bjs.com

BLACKBOARD INSURANCE COMPANY

Name: MORGAN SMITH, WORKERS' COMPENSATION RESOLUTION LEAD
Address: BLACKBOARD INSURANCE COMPANY
120 BROADWAY
17TH FLOOR

Tel: 347 640 2811
Fax: 609 919 0646
Email: morgan.smith@blackboardinsurance.com

Name: LOUIS MANGER, CHIEF RESOLUTION OFFICER
Address: BLACKBOARD INSURANCE COMPANY
120 BROADWAY
17TH FLOOR

Tel: 347 453 4352
Fax: 609 919 0646
Email: louis.manger@blackboardinsurance.com

BLOOMINGTON COMPENSATION INSURANCE COMPANY

Name: SUSAN PILON, WC CLAIM MANAGER
Address: STATE AUTO INSURANCE COMPANIES
P.O. BOX 182617
COLUMBUS OH 43218

Tel: 952 897 5543
Fax: 800 563 3364
Email: susan.pilon@libertymutual.com

Name: MICHAEL SCHNEIDER, CLAIMS TEAM MANAGER
Address: STATE AUTO INSURANCE COMPANIES
P.O. BOX 182617
COLUMBUS OH 43218

Tel: 952 893 3774
Fax: 800 563 3364
Email: michael.schneider@libertymutual.com

BROTHERHOOD MUTUAL INSURANCE COMPANY

Name: GARY ALDRIDGE, MANAGER - CLAIMS
Address: BROTHERHOOD MUTUAL INSURANCE COMPANY
6400 BROTHERHOOD WAY
FORT WAYNE IN 46825

Tel: 260 481 5626
Fax: 800 284 9579
Email: galdridge@brotherhoodmutual.com

Name: MANDY MUNCIE, MANAGER-CLAIMS
Address: BROTHERHOOD MUTUAL INSURANCE COMPANY
6400 BROTHERHOOD WAY
PO BOX 2227

Tel: 260 481 5387
Fax: 800 284 9579
Email: mmuncie@brotherhoodmutual.com

CALIFORNIA INSURANCE COMPANY

Name: ROBERT STAFFORD, VICE PRESIDENT OF FINANCE
Address: CALIFORNIA INSURANCE COMPANY
P.O. BOX 3646
OMAHA NE 68103

Tel: 402 827 3424 ext: 4094
Fax: 402 827 3432
Email: rstafford@auw.com

Name: JEFF SILVER, SECRETARY
Address: CALIFORNIA INSURANCE COMPANY
P.O. BOX 3646
OMAHA NE 68103

Tel: 402 827 3424
Fax: 402 827 3432
Email: jeffreysilver@silver-law.net

CAMDEN, RC DIOCESE OF

Name: PATRICIA NAPIER, ACCT MGR
Address: QUAL-LYNX
100 DECADON DRIVE
EGG HARBOR TWP NJ 08234

Tel: 609 833 2183 ext:
Fax: 609 601 3172
Email: tnapier@qual-lynx.com

Name: HOLLY CONN, LITIGATION SUPERVISOR
Address: QUAL-LYNX
100 DECADON DRIVE
EGG HARBOR TWP NJ 08234

Tel: 609 833 2224 ext:
Fax: 609 601 3172
Email: hconn@qual-lynx.com

CAPE REGIONAL MEDICAL CENTER

Name: MICHAEL MORLEY, V.P. RISK MANAGEMENT
Address: 2 SONE HARBOR BLVD.
CAPE MAY COURT HOUSE, NJ 08210

Tel: 609 463 2273
Fax: 609 465 9391
Email: mmorley@caperegional.com

Name: PATRICIA NAPIER, SENIOR CLAIMS ANALYST
Address: SCIBAL INSURANCE GROUP
P.O. BOX 500
SOMERS POINT, NJ 08244

Tel: 609 653 8400
Fax:
Email: pnapier@scibal.com

CAPITOL INDEMNITY CORPORATION

Name: DAVID REGELE, HEAD OF CONTINUOUS CLAIMS IMPROVEMENT
Address: 1600 ASPEN COMMONS
SUITE 300
MIDDLETON WI 53562

Tel: 608 829 4869
Fax: 608 829 7411
Email: dregele@capspecialty.com

Name: MICHELLE BEDARD, SR. CLAIMS REPORTING & COMPLIANCE SPECIALIST
Address: 1600 ASPEN COMMONS
SUITE 300
MIDDLETON WI 53562

Tel: 860 494 4938
Fax: 608 829 7411
Email: mbedard@capspecialty.com

CAROLINA CASUALTY INSURANCE COMPANY

Name: BRENT FOURNIER, CLAIMS MANAGER
Address: 9301 INNOVATION DRIVE
SUITE 200
MANASSAS VA 20110

Tel: 571 298 0972
Fax: 855 395 2518
Email: bfournier@berkeleynet.com

Name: HANNAH HANSON, CLAIMS OPERATIONS SPECIALIST
Address: BERKLEY NET UNDERWRITERS
9301 INNOVATIONS DRIVE
SUITE 200

Tel: 571 778 6602
Fax: 855 395 2518
Email: hhanson@berkleynet.com

CASTLEPOINT NATIONAL INSURANCE COMPANY

Name: TIM KARAGJIOZI, SR. HOME OFFICE CLAIM ANALYST
Address: 3 HUNTINGTON QUAD, SUITE 2015
MELVILLE, NY 11747

Tel: 631 465 1440
Fax: 631 532 1815
Email: tkaragjiozi@twrgrp.com

Name: PHILIP KOZELETZ, ASST. VICE PRESIDENT, BRANCH CLAIM MANAGER
Address: 3 HUNTINGTON QUAD, SUITE 2015
MELVILLE, NY 11747

Tel: 631 465 1385
Fax: 888 291 6262
Email: pkozeletz@twrgrp.com

CBS BROADCASTING INC

Name: STEPHANIE GROSSBERG, DIRECTOR - RISK MANAGEMENT
Address: 51 W. 52ND STREET
NEW YORK, NY 10019

Tel: 212 975 8971
Fax: 212 597 4163
Email: stephanie.grossberg@cbs.com

Name: DAVID RICHARDSON, VICE PRESIDENT - CLAIMS
Address: ONE UNION PLAZA
NEW LONDON, CT 06320

Tel: 860 447 0048
Fax: 860 442 0076
Email: drichardson@murphybeane.com

CBS OUTDOOR GROUP INC

Name: STEPHANIE GROSSBERG, DIRECTOR, RISK MANAGEMENT
Address: 51 W. 52ND STREET
NEW YORK, NY 10019

Tel: 212 975 8971
Fax: 212 597 4163
Email: stephanie.grossberg@cbs.com

Name: DAVE RICHARDSON, VP - CLAIMS
Address: MURPHY AND BEANE
ONE UNION PLAZA
NEW LONDON, CT 06320

Tel: 860 447 0048 ext: 240
Fax: 860 442 0076
Email: DRICHARDSON@MURPHYBEANE.COM

CBS OUTDOOR INC

Name: STEPHANIE GROSSBERG, DIRECTOR - RISK MANAGEMENT
Address: 51 W. 52ND STREET
NEW YORK, NY 10019

Tel: 212 975 8971
Fax: 212 597 4163
Email: stephanie.grossberg@cbs.com

Name: DAVID RICHARDSON, VICE PRESIDENT - CLAIMS
Address: ONE UNION PLAZA
NEW LONDON, CT 06320

Tel: 860 447 0048
Fax: 860 442 0076
Email: drichardson@murphybeane.com

CEDAR INSURANCE COMPANY

Name: LORI POWERS, VP
Address: CEDAR INSURANCE COMPANY
628 HEBRON AVENUE
SUITE 106

Tel: 860 368 2004
Fax: 860 368 2010
Email: lori.powers@siriusgroup.com

Name: ANDREW ROTH, SR. VP
Address: CEDAR INSURANCE COMPANY
628 HEBRON AVENUE
SUITE 106

Tel: 860 368 2005
Fax: 860 368 2010
Email: andrew.roth@siriusgroup.com

CENTRAL MUTUAL INSURANCE COMPANY

Name: JAMIE WIECHERT, CLAIMS MANAGER
Address: CENTRAL MUTUAL INSURANCE COMPANY
800 S. WASHINGTON STREET
VAN WERT OH 45891

Tel: 800 786 9169
Fax: 800 736 7026
Email: jwiechart@central-insurance.com

Name: KIM BUTLER, CLAIM REP.
Address: CENTRAL MUTUAL INSURANCE COMPANY
800 S. WASHINGTON STREET
VAN WERT, OH 45891

Tel: 800 736 7000
Fax: 800 736 7026
Email: kbutler@central-insurance.com

CENTURY INDEMNITY COMPANY

Name: TOM EASON, AVP, WORKERS COMPENSATION CLAIMS
Address: CHUBB NORTH AMERICA CLAIMS
1 BEAVER VALLEY ROAD
WILMINGTON, DE 19803

Tel: 302 476 7824
Fax: 302 476 7858
Email: Thomas.Eason@chubb.com

Name: DAVID KROLL, AVP, WORKERS' COMPENSATION CLAIMS
Address: CHUBB NORTH AMERICA CLAIMS
P.O. BOX 5118
SCRANTON PA 18505

Tel: 818 428 3753
Fax: 818 428 3588
Email: david.kroll@chubb.com

CHARTER OAK FIRE INSURANCE COMPANY

Name: HELAINE ALEDORT, 2ND VP
Address: THE TRAVELERS COMPANIES, INC.
P.O. BOX 4614
BUFFALO NY 14240

Tel: 631 577 7203
Fax: 877 889 8376
Email: haledort@travelers.com

Name: TROY TICE, DIRECTOR OF OPERATIONS
Address: THE TRAVELERS COMPANIES, INC
445 SOUTH STREET
MORRISTOWN, NJ 07960

Tel: 973 631 3099
Fax: 877 786 5568
Email: ttice@travelers.com

CHEROKEE INSURANCE COMPANY

Name: MARJAN PALJUSAJ, CLAIM REPRESENTATIVE
Address: CHEROKEE INSURANCE COMPANY
P.O. BOX 159
WARREN, MI 48090

Tel: 800 201 0450 ext: 3440
Fax:
Email: mpaljusaj@cherokeeinsurance.com

Name: ROBYN CUSUMANO, ACCOUNTANT
Address: CHEROKEE INSURANCE COMPANY
P.O. BOX 159
WARREN, MI 48090

Tel: 800 201 0450 ext: 3411
Fax:
Email: tax@cherokeeinsurance.com

CHUBB INDEMNITY INSURANCE COMPANY

Name: LEVERETT STOCKING III, VP, CLAIM LEADER, NORTHEAST WORKERS' COMPENSATION
Address: CHUBB NORTH AMERICA CLAIMS
555 LONG WHARF DRIVE
NEW HAVEN CT 06511

Tel: 203 782 4082
Fax: 203 782 4126
Email: lstocking@chubb.com

Name: MICHELLE LOPA, AVP, CLAIM MANAGER
Address: 150 ALLEN ROAD
SUITE 101
BASKING RIDGE NJ 07920

Tel: 908 605 3058
Fax: 908 860 4706
Email: mlopa@chubb.com

CHUBB INSURANCE COMPANY OF NEW JERSEY

Name: LEVERETT STOCKING III, VP, CLAIM LEADER, NORTHEAST WORKERS' COMPENSATION
Address: CHUBB NORTH AMERICA CLAIMS
555 LONG WHARF DRIVE
NEW HAVEN CT 06511

Tel: 203 782 4082
Fax: 203 782 4126
Email: lstocking@chubb.com

Name: MICHELLE LOPA, AVP, CLAIM MANAGER
Address: CHUBB NORTH AMERICA CLAIMS
150 ALLEN ROAD
BASKING RIDGE NJ 07920

Tel: 908 605 3058
Fax: 908 860 4706
Email: mlopa@chubb.com

CHUBB NATIONAL INSURANCE COMPANY

Name: LEVERETT STOCKING III, V.P. CLAIM LEADER, NORTHEAST WORKERS' COMPENSATION
Address: CHUBB NORTH AMERICA CLAIMS
555 LONG WHARF DRIVE
NEW HAVEN CT 06511

Tel: 203 782 4082
Fax: 203 782 4126
Email: lstocking@chubb.com

Name: DAN HAWTHORNE, VP QUALITY ASSURANCE & COMPLIANCE
Address: CHUBB NATIONAL INSURANCE COMPANY
ONE BEAVER VALLEY ROAD
WILMINGTON DE 19803

Tel: 302 476 6658
Fax:
Email: ClaimsCompliance@chubb.com

CHURCH MUTUAL INSURANCE COMPANY

Name: RENEE DALASTA-BRANDT, CLAIMS MANAGER
Address: CHURCH MUTUAL INSURANCE COMPANY S.I.
P.O. BOX 342
MERRILL WI 54452

Tel: 715 539 5856
Fax: 715 539 4651
Email: rdalastbrandt@churchmutual.com

Name: JENNIFER LAABS, CLAIMS MANAGER
Address: CHURCH MUTUAL INSURANCE COMPANY S.I.
P.O. BOX 342
MERRILL WI 54452

Tel: 715 539 5850
Fax: 715 539 4651
Email: jlaabs@churchmutual.com

CINCINNATI CASUALTY COMPANY

Name: LINDSEY GUSTAVSON, ASSOCIATE MANAGER-WORKERS' COMPENSATION CLAIMS
Address: CINCINNATI INSURANCE COMPANIES
P.O.BOX 145496
CINCINNATI OH 45250

Tel: 513 371 7546
Fax: 513 371 7030
Email: Lindsey_Gustavson@cinfin.com

Name: JESSICA ELSASS, ASSISTANT MANAGER- WORKERS' COMPENSATION CLAIMS
Address: CINCINNATI INSURANCE COMPANIES
P.O. BOX 145496
CINCINNATI OH 45250

Tel: 513 603 5664
Fax: 513 603 5002
Email: WCClaims@cinfin.com

CINCINNATI INDEMNITY COMPANY

Name: LINDSEY GUSTAVSON, ASSOCIATE MANAGER - WORKERS' COMPENSATION CLAIMS
Address: CINCINNATI INSURANCE COMPANIES
P.O. BOX 145496
CINCINNATI OH 45250

Tel: 513 371 7546
Fax: 513 371 7030
Email: Lindsey_Gustavson@cinfin.com

Name: JESSICA ELSASS, ASSISTANT MANAGER - WORKERS' COMPENSATION CLAIMS
Address: CINCINNATI INSURANCE COMPANIES
P.O. BOX 145496
CINCINNATI OH 45250

Tel: 513 603 5664
Fax: 513 603 5002
Email: WCClaims@cinfin.com

CINCINNATI INSURANCE COMPANY

Name: LINDSEY GUSTAVSON, ASSOCIATE MANAGER - WORKERS' COMPENSATION CLAIMS
Address: CINCINNATI INSURANCE COMPANIES
P.O. BOX 145496
CINCINNATI OH 45250

Tel: 513 371 7546
Fax: 513 371 7030
Email: Lindsey_Gustavson@cinfin.com

Name: JESSICA ELSASS, ASSISTANT MANAGER - WORKERS' COMPENSATION CLAIMS
Address: CINCINNATI INSURANCE COMPANIES
P.O. BOX 145496
CINCINNATI OH 45250

Tel: 513 603 5664
Fax: 513 603 5002
Email: WCClaims@cinfin.com

CITIZENS INSURANCE COMPANY OF AMERICA

Name: KRISTY CARAHER, UNIT MANAGER WC
Address: THE HANOVER INSURANCE GROUP
PO BOX 15144
440 LINCOLN STREET

Tel: 315 453 4361
Fax: 508 635 8809
Email: kcaraher@hanover.com

Name: LAURA THORSEN, UNIT MANAGER WC
Address: THE HANOVER INSURANCE GROUP
PO BOX 15144
440 LINCOLN STREET

Tel: 508 855 5279
Fax: 508 635 8809
Email: WCStateforms.hanover.com

CLARENDON NATIONAL INSURANCE COMPANY

Name: DAVID CALANDRO, REGIONAL CLAIMS MANAGER
Address: ENTAR US
150 2ND AVENUE NORTH
3RD FLOOR

Tel: 727 217 2964
Fax: 727 576 3627
Email: david.calandro@enstargroup.com

Name: SANDRA CORLEY, CLAIMS MANAGER
Address: ENSTAR US
P.O. BOX 100239
COLUMBIA SC 29223

Tel: 803 462 7441
Fax: 803 310 7320
Email: sandra.corley@enstargroup.com

CLEAR SPRING PROPERTY AND CASUALTY COMPANY

Name: CHRISTOPHER R BREW, CHIEF CLAIMS OFFICER
Address: CLEAR SPRING PROPERTY AND CASUALTY
COMPANY
PO BOX 80209

Tel: 561 609 6230
Fax:
Email: christopher.brew@clearspringpc.com

Name: SCOTT HANFLING, CHIEF LEGAL OFFICER
Address: CLEAR SPRING PROPERTY AND CASUALTY
COMPANY
PO BOX 40509

Tel: 312 837 3680
Fax:
Email: scott.hanfling@clearspringpc.com

COLONIAL AMERICAN CASUALTY & SURETY COMPANY

Name: KENNETH NIGRO, ASSISTANT VICE PRESIDENT
Address: COLONIAL AMERICAN CASUALTY & SURETY CO
300 INTERPACE PKWY, BLDG B/C
PARSIPPANY NJ 07054

Tel: 973 394 5241
Fax: 973 394 5262
Email: kenneth.nigro@zurichna.com

COLONIAL CONCRETE CO & SUBS

Name: KAREN SAYRE, ADMINISTRATIVE ASST.
Address: P.O. BOX 68
NEWTON, NJ 07860

Tel: 973 940 1851
Fax: 973 940 1852
Email: ksayre@risksolutions.com

Name: APRIL GRANGER, CLAIMS REPRESENTATIVE
Address: P.O. BOX 68
NEWTON, NJ 07860

Tel: 973 940 1851
Fax: 973 940 1852
Email: agranger@risksolutions.com

COMMERCE & INDUSTRY INSURANCE COMPANY

Name: LAUREN MOREN, TECHNICAL HOME OFFICE DIRECTOR
Address: AIG
222 SW COLUMBIA STREET
10TH FLOOR

Tel: 503 417 8320
Fax: 877 304 4360
Email: laura.moren@aig.com

CONAGRA FOODS INC AND SUBS

Name: EMILY JONES, FINANCIAL ANALYST
Address: CONAGRA BRANDS, INC.
ELEVEN CONAGRA DRIVE 11-200
OMAHA, NE 68102

Tel: 402 240 5964
Fax: 402 917 9509
Email: emily.jones@conagra.com

Name: SCOTT SOLBERG, DIRECTOR, FINANCE
Address: CONAGRA BRANDS, INC.
ELEVEN CONAGRA DRIVE 11-200
OMAHA, NE 68102

Tel: 402 240 4574
Fax: 402 930 3340
Email: scott.solberg2@conagra.com

CONTINENTAL CASUALTY COMPANY (CNA)

Name: KEVIN ZACCHIA, ASSISTANT VICE PRESIDENT
Address: 5786 WIDEWATERS
DEWITT NY 13214

Tel: 315 431 6752
Fax: 714 256 7905
Email: Kevin.Zacchia@cna.com

Name: TAMMY SOWERS, WORKERS' COMPENSATION CLAIM MANAGER
Address: ONE MERIDIAN BOULEVARD
WYOMISSING PA 19610

Tel: 610 320 4410
Fax: 877 371 5122
Email: Tammy.Sowers@cna.com

CONTINENTAL INDEMNITY COMPANY

Name: JEFFREY A SILVER, SECRETARY
Address: CONTINENTAL INDEMNITY COMPANY
P.O. BOX 3646
OMAHA NE 68154

Tel: 402 827 3424
Fax: 402 827 3432
Email: jeffreysilver@silver-law.net

Name: ROBERT STAFFORD, VICE PRESIDENT OF FINANCE
Address: CONTINENTAL INDEMNITY COMPANY
P.O. BOX 3646
OMAHA NE 68154

Tel: 402 827 3424 ext: 4094
Fax: 402 827 3432
Email: rstafford@auw.com

CONTINENTAL INSURANCE COMPANY

Name: KEVIN ZACCHIA, ASSISTANT VICE PRESIDENT
Address: 5786 WIDEWATERS
DEWITT NY 13214

Tel: 315 431 6752
Fax: 714 431 6894
Email: Kevin.Zacchia@cna.com

Name: TAMMY SOWERS, WORKERS' COMPENSATION CLAIM MANAGER
Address: ONE MERIDIAN BOULEVARD
WYOMISSING PA 19610

Tel: 610 320 4410
Fax: 877 371 5122
Email: Tammy.Sowers@cna.com

CONTINENTAL INSURANCE COMPANY OF NEW JERSEY

Name: KEVIN ZACCHIA, ASSISTANT VICE PRESIDENT - WORKERS' COMPENSATION CLAIM
Address: CNA
5786 WIDEWATERS PKWY
3RD FLOOR

Tel: 315 431 6752
Fax: 312 260 6985
Email: kevin.zacchia@cna.com

Name: TAMMY SOWERS, CLAIMS MANAGER
Address: CNA
ONE MERIDIAN BOULEVARD
WYOMISSING PA 19610

Tel: 610 320 4410
Fax: 877 371 5122
Email: tammy.sowers@cna.com

CONTINENTAL WESTERN INSURANCE COMPANY

Name: KIMBERLY MOORE, WC CLAIMS MANAGER
Address: BERKLEY MID-ATLANTIC GROUP (BMAG)
4820 LAKE BROOK DRIVE
SUITE 300

Tel: 804 237 5189
Fax:
Email: kmoore@wrbbmag.com

Name: KAROLINE SANDS, COUNSEL
Address: ACADIA INSURANCE COMPANY
1 ACADIA COMMONS
WESTBROOK ME 04092

Tel: 207 228 1932
Fax: 207 771 8090
Email: karoline.sands@acadia-ins.com

COOPER HOSPITAL/UNIVERSITY MEDICAL CENTER

Name: MARYANN MIKULICH, BENEFITS SPECIALIST
Address: COOPER UNIVERSITY HOSPITAL
3 COOPER PLAZA, SUITE 500
CAMDEN, NJ 08103

Tel: 856 342 2375
Fax: 856 968 8519
Email: mikulich-maryann@cooperhealth.edu

Name: KATHLEEN VONDER HAYDEN, ADMIN. DIRECTOR OF HUMAN RESOURCES
Address: COOPER UNIVERSITY HOSPITAL
3 COOPER PLAZA, SUITE 500
CAMDEN, NJ 08103

Tel: 856 342 3057
Fax: 856 968 8519
Email: vonderhayden-k@cooperhealth.edu

COSTCO WHOLESALE CORPORATION

Name: EDWARD W FRITSCH, CLAIMS SUPERVISOR
Address: SCMS
P.O. BOX 14517
LEXINGTON, KY 40512

Tel: 215 231 3804
Fax: 215 231 3800
Email: njmotions@sedgwickcms.com

Name: MICKEY PINEIRO, WORKERS' COMP MANAGER
Address: SCMS
P.O. BOX 14517
LEXINGTON, KY 40512

Tel: 215 231 3908
Fax: 215 231 3800
Email: njmotions@sedgwickcms.com

COUNTRYWAY INSURANCE COMPANY

Name: DAVID P JEWELL, DIRECTOR OF CLAIMS
Address: COUNTRYWAY INSURANCE COMPANY
P.O. BOX 27552
RICHMOND VA 23261

Tel: 800 828 6862 ext: 45249
Fax: 804 290 1581
Email: djewell@countryway.com

Name: GABRIELLE PROCTOR, LITIGATION AND CASUALTY CLAIMS SUPERVISOR
Address: COUNTRYWAY INSURANCE COMPANY
P.O. BOX 27552
RICHMOND VA 23261

Tel: 800 828 6862 ext: 45237
Fax: 804 290 1581
Email: gproctor@countryway.com

CRUM & FORSTER INDEMNITY COMPANY

Name: MARLENE COBAR, WC MANAGER
Address: CRUM & FORSTER INDEMNITY COMPANY
P.O. BOX 14139
LEXINGTON KY 40512

Tel: 973 490 6076
Fax: 877 622 6911
Email: marlene.cobar@cfins.com

Name: DIANE PARRISH, AVP WC CLAIMS
Address: CRUM & FORSTER INDEMNITY COMPANY
P.O. BOX 14139
LEXINGTON KY 40512

Tel: 973 490 6992
Fax: 877 622 6911
Email: diane.parrish@cfins.com

CRUM & FORSTER INSURANCE COMPANY

Name: MARLENE COBAR, WC MANAGER
Address: CRUM & FORSTER INSURANCE COMPANY
P.O. BOX 14139
LEXINGTON KY 40512

Tel: 973 490 6076
Fax: 877 622 6911
Email: marlene.cobar@cfins.com

Name: DIANE PARRISH, CRUM & FORSTER INSURANCE COMPANY
Address: P.O. BOX 14139
LEXINGTON KY 40512

Tel: 973 490 6992
Fax: 877 622 6911
Email: diane.parrish@cfins.com

CUMBERLAND INSURANCE COMPANY

Name: KEN MAILLEY, CLAIMS MANAGER
Address: 633 SHILO PIKE
P.O. BOX 556
BRIDGETON, NJ 08302

Tel: 856 451 4050
Fax: 856 455 8468
Email: kmailley@cumberlandgroup.com

Name: NICOLE BANO, OPERATIONS MANAGER
Address: 633 SHILO PIKE
P.O. BOX 556
BRIDGETON, NJ 08302

Tel: 856 451 4050
Fax: 856 455 8468
Email: NBano@cumberlandgroup.com

CVS/HEALTH CORPORATION

Name: JACQUELINE LYNCH, CLAIMS SUPERVISOR
Address: SEDGWICK CLAIMS MANAGEMENT SERVICES, INC.
PO BOX 14152
LEXINGTON KY 40512

Tel: 973 515 6415 ext:
Fax: 859 264 4061
Email: jacqueline.lynch@sedgwickcms.com

Name: TALAL SAADE, CVS CLAIMS OPERATIONS MANAGER
Address: SEDGWICK CLAIMS MANAGEMENT SERVICES, INC.
PO BOX 14152
LEXINGTON KY 40512

Tel: 714 572 4822 ext:
Fax: 501 251 2686
Email: talal.saade@sedgwickcms.com

DAKOTA TRUCK UNDERWRITERS

Name: REBECCA DAVIS, VP CLAIMS
Address: RISK ADMINISTRATION SERVICES, INC.
P.O. BOX 89310
SIOUX FALLS SD 57109

Tel: 605 361 4142
Fax: 605 361 4121
Email: rebecca.davis@rascompanies.com

Name: MANDI REDMAN, CLAIMS SUPERVISOR
Address: RISK ADMINISTRATION SERVICES
P.O. BOX 89310
SIOUX FALLS SD 57109

Tel: 605 361 4142
Fax: 605 361 4121
Email: mandi.redman@rascompanies.com

DIAMOND STATE INSURANCE COMPANY

Name: DAVID ELLIOT, VICE PRESIDENT
Address: 3 BALA PLAZA - EAST
BALA CYNWYD, PA 19004

Tel: 610 538 2525
Fax: 610 660 8885
Email: DELLIOT@GLOBAL-INDEMNITY.COM

Name: MARGARET MCMANUS, MANAGER
Address: 2 BALA PLAZA - EAST
BALA CYNWYD, PA 19004

Tel: 610 660 6872
Fax: 610 660 8885
Email: MMCMANUS@GLOBAL-INDEMNITY.COM

DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY

Name: AGNES MORALES, OPERATIONS ANALYST - CLAIMS
Address: DISCOVER RE
5 BATTERSON PARK
FARMINGTON, CT 06032

Tel: 860 284 2808
Fax: 860 677 4352
Email: Amorales@Discover-Re.com

Name: GWEN NEAL, OPERATIONS ANALYST - CLAIMS
Address: DISCOVER RE
5 BATTERSON PARK
FARMINGTON, CT 06032

Tel: 860 284 2808
Fax: 860 677 4352
Email: Gneal2@Travelers.com

EASTERN ADVANTAGE ASSURANCE COMPANY

Name: ROBERT ALCOCK, SUPERVISOR OF REGIONAL CLAIMS
Address: EASTERN ADVANTAGE ASSURANCE COMPANY
25 RACE AVENUE
LANCASTER, PA 17603

Tel: 855 533 3444
Fax: 717 481 7170
Email: ralcock@eains.com

Name: TARA HOOPER, DIRECTOR OF REGIONAL CLAIMS
Address: EASTERN ADVANTAGE ASSURANCE COMPANY
25 RACE AVENUE
LANCASTER, PA 17603

Tel: 855 533 3444 ext: 1645
Fax: 717 481 8214
Email: thooper@eains.com

EASTERN ALLIANCE INSURANCE COMPANY

Name: ROBERT ALCOCK, SUPERVISOR OF REGIONAL CLAIMS
Address: EASTERN ALLIANCE INSURANCE COMPANY
25 RACE AVENUE
LANCASTER PA 17603

Tel: 855 533 3444 ext: 1624
Fax: 717 481 8214
Email: ralcock@eains.com

Name: TARA HOOPER, DIRECTOR OF REGIONAL CLAIMS
Address: EASTERN ALLIANCE INSURANCE GROUP
25 RACE AVENUE
LANCASTER, PA 17603

Tel: 855 533 3444 ext: 1645
Fax: 717 481 8214
Email: thooper@eains.com

EASTGUARD INSURANCE COMPANY

Name: ZACHARY PLESCIA, PARALEGAL
Address: EASTGUARD INSURANCE COMPANY
P.O. BOX 1368
WILKES-BARRE PA 18703

Tel: 800 673 2465
Fax: 570 825 2065
Email: zachary.plescia@guard.com

Name:
Address:

Tel:
Fax:
Email:

ELECTRIC INSURANCE COMPANY

Name: PAT NICKEL, ADJUSTER
Address: GE WC REGIONALSERVICE CENTER
1 CORPORATE PLAZA, SUITE 104
260 WASHINGTON STREET EXT.

Tel: 518 218 2207
Fax: 978 232 1907
Email: Pat.Nickel@electricinsurance.com

Name: JULIE KIELY, SPECIAL LITIGATION MANAGER
Address: 75 SAM FONZO DRIVE
BEVERLY, MA 01915

Tel: 978 524 5291
Fax: 978 236 5291
Email: julie.kiely@electricinsurance.com

EMC PROPERTY AND CASUALTY COMPANY

Name: ROBERT E FRANCHETTI, WORKERS COMPENSATION SUPERVISOR
Address: EMC INSURANCE COMPANY
P.O. BOX 297
POTTSTOWN PA 19464

Tel: 610 427 6200
Fax: 888 992 0216
Email: robert.e.franchetti@emcins.com

Name: ANDY W TYLER, CLAIMS MANAGER
Address: EMC INSURANCE COMPANY
P.O. BOX 297
POTTSTOWN PA 19464

Tel: 610 427 6200
Fax: 888 992 0216
Email: andy.w.tyler@emcins.com

EMCASCO INSURANCE COMPANY

Name: ROBERT E FRANCHETTI, WORKERS COMPENSATION SUPERVISOR
Address: EMC INSURANCE COMPANY
P.O. BOX 297
POTTSTOWN PA 19464

Tel: 610 427 6200
Fax: 888 992 0216
Email: robert.e.franchetti@emcins.com

Name: ANDY W TYLER, CLAIMS MANAGER
Address: EMC INSURANCE COMPANY
P.O. BOX 297
POTTSTOWN PA 19464

Tel: 610 427 6200
Fax: 888 992 0216
Email: andy.w.tyler@emcins.com

EMPLOYERS ASSURANCE COMPANY

Name: JOLENE EUDY, CLAIMS MANAGER
Address: EMPLOYERS ASSURANCE COMPANY
PO BOX 14791
LEXINGTON KY 40512

Tel: 702 671 7034
Fax: 866 461 2934
Email: jeudy@employers.com

Name: MICHAEL DOWNS, CLAIMS SUPERVISOR
Address: EMPLOYERS INSURANCE
PO BOX 14791
LEXINGTON KY 40512

Tel: 702 671 7380
Fax: 866 461 2934
Email: mdowns@employers.com

EMPLOYERS COMPENSATION INSURANCE COMPANY

Name: JOLENE EUDY, CLAIMS MANAGER
Address: EMPLOYERS COMPENSATION INSURANCE COMPANY
PO BOX 14791
LEXINGTON KY 40512

Tel: 702 671 7034
Fax: 866 461 2934
Email: jeudy@employers.com

Name: MICHAEL DOWNS SR, CLAIMS SUPERVISOR
Address: EMPLOYERS COMPENSATION INSURANCE COMPANY
PO BOX 14791
LEXINGTON KY 40512

Tel: 702 671 7380
Fax: 866 461 2934
Email: mdowns@employers.com

EMPLOYERS MUTUAL CASUALTY COMPANY

Name: ROBERT E FRANCHETTI, WORKERS COMPENSATION SUPERVISOR
Address: EMC INSURANCE COMPANY
P.O. BOX 297
POTTSTOWN, PA 19464

Tel: 610 427 6203
Fax: 888 992 0216
Email: robert.e.franchetti@emcins.com

Name: ANDY W TYLER, CLAIMS MANAGER
Address: EMC INSURANCE COMPANY
P.O. BOX 297
POTTSTOWN, PA 19464

Tel: 610 427 6200
Fax: 888 992 0216
Email: andy.w.tyler@emcins.com

EMPLOYERS PREFERRED INSURANCE CO

Name: JOLENE EUDY, CLAIMS MANAGER
Address: EMPLOYERS PREFERRED COMPANY
PO BOX 14791
LEXINGTON KY 40512

Tel: 702 671 7034
Fax: 866 461 2934
Email: jeudy@employers.com

Name: MICHAEL DOWNS, CLAIM SUPERVISOR
Address: EMPLOYERS PREFERRED COMPANY
PO BOX 14791
LEXINGTON KY 40512

Tel: 702 671 7380
Fax: 866 461 2934
Email: mdowns@employers.com

EVEREST NATIONAL INSURANCE COMPANY

Name: KEITH BARBAROSH, DIRECTOR, REGULATORY COMPLIANCE
Address: 477 MARTINSVILLE ROAD
LIBERTY CORNER, NJ 07938

Tel: 908 604 7289
Fax: 908 604 3525
Email: keith.barbarosh@everestre.com

Name: TOM CAREY, CLAIM DIRECTOR
Address: 477 MARTINSVILLE ROAD
LIBERTY CORNER, NJ 07938

Tel: 908 604 3344
Fax: 908 604 3525
Email: tom.carey@everestre.com

EXCELSIOR INSURANCE COMPANY

Name: KERRYANNE HOLLISS, SENIOR CLAIMS MANAGER
Address: LIBERTY MUTUAL
P.O. BOX 4836
SYRACUSE NY 13221

Tel: 973 648 7987
Fax: 603 427 2667
Email:

Name: JASON HACKLING, DIRECTOR COMPLEX WORKERS COMPENSATION
Address: LIBERTY MUTUAL
P.O. BOX 4836
SYRACUSE NY 13221

Tel: 973 548 6912
Fax: 603 427 2665
Email: Jason.Hackling@LibertyMutual.com

EXECUTIVE RISK INDEMNITY INC

Name: LEVERETT STOCKING III, VP CLAIM LEADER, NORTHEAST WORKERS' COMPENSATION
Address: CHUBB NORTH AMERICA CLAIMS
555 LONG WHARF DRIVE
NEW HAVEN CT 06511

Tel: 203 782 4082
Fax: 203 782 4126
Email: lstocking@chubb.com

Name: MICHELLE LOPA, AVP, CLAIMS MANAGER
Address: CHUBB NORTH AMERICA CLAIMS
150 ALLEN ROAD
SUITE 101

Tel: 908 605 3058
Fax: 908 860 4706
Email: mlopa@chubb.com

EXPLORER INSURANCE COMPANY

Name: CONNOR MCNULTY, CLAIMS MANAGER
Address: EXPLORER INSURANCE COMPANY
15025 INNOVATION DRIVE
P.O. BOX 509039

Tel: 484 654 1919
Fax: 858 369 7706
Email: cmcnulty@icwgroup.com

Name: JUSTIN TARSI, CLAIMS SPECIALIST
Address: EXPLORER INSURANCE COMPANY
15025 INNOVATION DRIVE
P.O. BOX 509039

Tel: 484 654 1902
Fax:
Email: jtarsi@icwgroup.com

FALLS LAKE NATIONAL INSURANCE CO

Name: BAKARI WATKINS, VICE PRESIDENT - CLAIMS
Address: FALLS LAKE NATIONAL INSURANCE COMPANY
P.O. BOX 97308
RALEIGH NC 27624

Tel: 866 459 1349
Fax: 888 629 5821
Email: bakara.watkins@fallslakeins.com

Name: JEANNETTE JOHNIAN, AVP WC CLAIMS
Address: FALLS LAKE NATIONAL INSURANCE COMPANY
P.O. BOX 97308
RALEIGH NC 27624

Tel: 866 459 1349
Fax: 888 629 5821
Email: Jeannette.Johnian@fallslakeins.com

FARM FAMILY CASUALTY INSURANCE COMPANY

Name: JULIE LAVIN, WC CLAIM MANAGER
Address: 344 ROUTE 9W
GLENMONT, NY 12077

Tel: 518 431 5530
Fax: 518 533 4569
Email: Julile_Lavin@FarmFamily.com

Name: ALICIA HOGAN, HOME OFFICE EXAMINER - WC
Address: 344 ROUTE 9W
GLENMONT, NY 12077

Tel: 518 431 5255
Fax: 518 391 7698
Email: alicia_hogan@farmfamily.com

FARMERS INSURANCE COMPANY OF FLEMINGTON

Name: SUSAN HORVATH, ACCOUNTING ASSOCIATE
Address: FARMERS INSURANCE COMPANY OF FLEMINGTON
23 ROYAL ROAD
SUITE 100

Tel: 800 842 5032 ext: 601
Fax: 908 782 6899
Email: shorvath@farmersofflemington.com

Name: CONNY BOETTCHER, EXECUTIVE SECRETARY
Address: FARMERS INSURANCE COMPANY OF FLEMINGTON
23 ROYAL ROAD
SUITE 100

Tel: 800 842 5032 ext: 106
Fax: 908 782 6899
Email: cboettcher@farmersofflemington.com

FARMERS INSURANCE EXCHANGE

Name: MATTHEW BLUM, WORKERS' COMPENSATION CLAIMS MANAGER
Address: FARMERS INSURANCE COMPANY
24000 N FARMERS WAY
PHOENIX AZ 85085

Tel: 602 635 5512
Fax: 877 217 1389
Email: matthew.blum@farmersinsurance.com

Name: LAUREN ROLATER, WORKERS' COMPENSATION COMPLIANCE LIAISON
Address: FARMERS INSURANCE COMPANY
15700 LONG VISTA DRIVE
AUSTIN TX 78728

Tel: 512 533 8789
Fax: 512 533 8398
Email: lauren.rolater@farmersinsurance.com

FARMERS MUTUAL FIRE INSURANCE COMPANY OF SALEM COUNTY

Name: MELISSA KUCHTYAK, ADMINISTRATIVE SECRETARY
Address: 330 FELLOWSHIP ROAD
SUITE 200
MT. LAUREL, NJ 08054

Tel: 856 727 3015
Fax: 856 727 3186
Email: Melissa_Kuchtyak@pmagroup.com

Name: JIM JORDAN, AVP CLAIMS
Address: 330 FELLOWSHIP ROAD
SUITE 200
MT. LAUREL, NJ 08054

Tel: 856 727 3039
Fax: 856 727 3186
Email: jim_jordan@pmagroup.com

FARMINGTON CASUALTY COMPANY

Name: HELAINE ALEDORT, 2ND VP
Address: THE TRAVELERS COMPANIES, INC.
P.O. BOX 4614
BUFFALO NY 14240

Tel: 631 577 7203
Fax: 877 889 8376
Email: haledort@travelers.com

Name: TROY TICE, DIRECTOR OF OPERATIONS
Address: THE TRAVELERS COMPANIES INC
445 SOUTH STREET
MORRISTOWN NJ 07950

Tel: 973 631 3099
Fax: 877 786 5568
Email: ttice@travellers.com

FEDERAL EXPRESS CORP.

Name: MELISSA BALDWIN, RISK & INSURANCE SPECIALIST
Address: FEDERAL EXPRESS CORPORATION
1000 FED EX DRIVE
MOON TWP PA 15108

Tel: 412 859 2058
Fax: 412 747 8320
Email: melissa.valentine@fedex.com

Name:
Address:

Tel:
Fax:
Email:

FEDERAL INSURANCE COMPANY

Name: CARRIE TAGGART III, AVP CLAIM OPERATIONS
Address: CHUBB INSURANCE A/K/A FEDERAL INSURANCE
COMPANY
2155 W. PINNACLE PEAK ROAD

Tel: 623 580 2409
Fax:
Email: carrie.taggart@chubb.com

Name: SARAH O CONNELL, QUALITY AND DATA MANAGER
Address: CHUBB INSURANCE A/K/A FEDERAL INSURANCE
COMPANY
2155 W. PINNACLE PEAK ROAD

Tel: 623 580 2377
Fax:
Email: soconnell@chubb.com

FEDERATED MUTUAL INSURANCE COMPANY

Name: TODD FORBES, REGIONAL CLAIMS MANAGER
Address: 9785 CROSSPOINT BLVD
SUITE 100
INDIANAPOLIS IN 46256

Tel: 317 595 4580
Fax: 317 849 2236
Email: mtforbes@fedins.com

Name: LYDIA DRILLING, HO CLAIMS MANAGER - WC
Address: 121 EAST PARK SQUARE
OWATONNA MN 55060

Tel: 507 444 6752
Fax: 507 455 5738
Email: lsdrilling@fedins.com

FEDERATED RESERVE INSURANCE COMPANY

Name: TODD FORBES, REGIONAL CLAIMS MANAGER
Address: 9785 CROSSPOINT BLVD.
SUITE 100
INDIANAPOLIS IN 46256

Tel: 317 595 4580
Fax: 317 849 2236
Email: mtforbes@fedins.com

Name: LYDIA DRILLING, HO CLAIMS MANAGER - WC
Address: 121 EAST PARK SQUARE
OWATONNA MN 55060

Tel: 507 444 6752
Fax: 507 455 5738
Email: lsdrilling@fedins.com

FEDERATED RURAL ELECTRIC INSURANCE EXCHANGE

Name: CHRISTINA JOHNSON, WORKERS COMPENSATION CLAIMS MGR
Address: FEDERATED RURAL ELECTRIC INSURANCE
EXCHANGE
P.O. BOX 15147

Tel: 800 356 8360
Fax: 913 541 2822
Email: cjohnson@federatedrural.com

Name: MICHELLE MULLER, SR. CLAIMS SERVICE REP
Address: FEDERATED RURAL ELECTRIC INSURANCE
P.O. BOX 15147
LENEXA KS 66285

Tel: 800 356 8360
Fax: 913 541 2817
Email: mrm@federatedrural.com

FEDEX FREIGHT INC

Name: KAYLA QUANDT, DATA ANALYST ADVISOR
Address: FEDEX FREIGHT INC.
2200 FORWARD DRIVE
HARRISON AR 72601

Tel: 870 704 5187
Fax: 901 566 3401
Email: kayla.quandt@fedex.com

Name: TISH MARTIN, DATA ANALYST
Address: FEDEX FREIGHT INC.
3620 HACKS CROSS ROAD
BUIDING B, 3RD FLOOR

Tel: 901 566 3321
Fax: 901 566 3401
Email: Letitia.Martin@sedgwick.com

FEDEX GROUND PACKAGE SYSTEM, INC.

Name: CHERYL YUSHINSKI, DATA ANALYST
Address: FEDEX GROUND PACKAGE SYSTEM, INC.
1000 FEDEX DRIVE
MOON TOWNSHIP, PA 15108

Tel: 412 747 8329
Fax: 412 747 8320
Email: cheryl.yushinski.osv@fedex.com

Name:
Address:

Tel:
Fax:
Email:

FIDELITY & GUARANTY INSURANCE COMPANY

Name: AGNES MORALES, OPERATIONS ANALYST, CLAIM
Address: THE TRAVELERS COMPANIES INC/NATIONAL
ACCOUNTS UNBUNDLED
ONE TOWER SQUARE

Tel: 860 954 8462
Fax:
Email: amorale3@travelers.com

Name: GWEN NEAL, OPERATIONS ANALYST, CLAIM
Address: THE TRAVELERS COMPANIES INC/NATIONAL
ACCOUNTS UNBUNDLED
ONE TOWER SQUIRE

Tel: 860 954 8865
Fax:
Email: gneal2@travelers.com

FIDELITY & GUARANTY INSURANCE UNDERWRITERS

Name: AGNES MORALES, OPERATIONS ANALYST - CLAIMS
Address: THE TRAVELERS COMPANIES INC/NATIONAL
ACCOUNTS UNBRIDLED
ONE TOWER SQUARE

Tel: 860 954 8462
Fax:
Email: amorale3@travelers.com

Name: GWEN NEAL, OPERATIONS ANALYST - CLAIMS
Address: THE TRAVELERS COMPANIES INC/NATIONAL
ACCOUNTS UNBRIDLED
ONE TOWER SQUARE

Tel: 860 954 8865
Fax:
Email: gneal2@travelers.com

FIRE INSURANCE EXCHANGE

Name: GRAHAM CADWALLADER, TEAM LEADER - WORKERS' COMPENSATION
Address: P.O. BOX 108843
OKLAHOMA CITY, OK 73101

Tel: 630 907 4340
Fax: 630 907 2428
Email: graham.cadwallader@hpcs.com

Name: MIKE MCCABE, CLAIMS MANAGER - WORKERS' COMPENSATION
Address: P.O. BOX 108843
OKLAHOMA CITY, OK 73101

Tel: 630 907 4335
Fax: 630 907 2428
Email: michael.mccabe@hpcs.com

FIREMANS FUND INDEMNITY CORPORATION

Name: STEPHEN LANGSTAFF, WC CLAIMS TEAM LEAD
Address: ALLIANZ GLOBAL CORPORATE & SECURITY
P.O. BOX 970
O'FALLEN MO 63366

Tel: 713 877 5580
Fax: 916 415 2597
Email: stephen.langstaff@agcs.allianz.com

Name: LETITIA TIGUE, CLAIMS COMPLIANCE SPECIALIST
Address: ALLIANZ GLOBAL CORPORATE & SPECIALTY
P.O. BOX 970
OFALLEN MO 63366

Tel: 952 486 5259
Fax: 888 340 6679
Email: letitia.tigue@agcs.allianz.com

FIREMANS FUND INSURANCE COMPANY

Name: KIM SHOTKOSKI, CALIMS COMPLIANCE MANAGER
Address: SOUNDVIEW CLAIMS SOLUTIONS INC
P.O. BOX 970
O'FALLON MO 63366

Tel: 424 506 1781
Fax: 424 506 1781
Email: kshotkoski@soundviewclaims.com

Name: STEPHEN LANGSTAFF, CLAIMS MANAGER
Address: SOUNDVIEW CLAIMS SOLUTIONS INC
PO BOX 970
OFALLON MO 63368

Tel: 424 506 1931
Fax: 424 506 1931
Email: slangstaff@soundviewclaims.com

FIREMENS INSURANCE COMPANY OF WASHINGTON DC

Name: KIMBERLY MOORE, WC CLAIMS MANAGER
Address: BERKELY MID-ATLANTIC GROUP
4820 LAKE BROOK DRIVE, SUITE 300
GLEN ALLEN, VA 23060

Tel: 804 237 5189
Fax:
Email: kmoore@wrbmag.com

Name: KAROLINE SANDS, COUNSEL
Address: ACADIA INSURANCE COMPANY
1 ACADIA COMMONS
WESTBROOK ME 04092

Tel: 207 228 1932
Fax: 207 771 8090
Email: karoline.sands@acadia-ins.com

FIRST DAKOTA INDEMNITY COMPANY

Name: REBECCA DAVIS, VP CLAIMS
Address: RISK ADMINISTRATION SERVICES INC
P.O. BOX 89310
SIOUX FALLS SD 57109

Tel: 605 361 4142
Fax: 605 361 4121
Email: rebecca.davis@rascompanies.com

Name: MANDI REDMAN, CLAIMS SUPERVISOR
Address: RISK ADMINISTRATION SERVICES, INC
P.O. BOX 89310
SIOUX FALLS SD 57109

Tel: 605 361 4142
Fax: 605 361 4121
Email: mandi.redman@rascompanies.com

FIRST FINANCIAL INSURANCE COMPANY

Name: JOHN MAHONEY, CHIEF CLAIM OFFICER
Address: FIRST FINANCIAL INSURANCE CORPORATION
185 ASYLUM STREET
7TH FLOOR

Tel: 860 756 7771
Fax: 860 723 8230
Email: jwmahoney@ifgcompanies.com

Name: JEFFREY ROBERTS, DIRECTOR - HO CLAIMS
Address: FIRST FINANCIAL INSURANCE CORPORATION
185 ASYLUM STREET
7TH FLOOR

Tel: 860 723 8217
Fax: 860 723 8230
Email: jwroberts@ifgcompanies.com

FIRST LIBERTY INSURANCE COMPANY

Name: KERRYANNE HOLLINS, SENIOR CLAIMS MANAGER
Address: LIBERTY MUTUAL
P.O. BOX 4836
SYRACUSE NY 13221

Tel: 973 648 7987
Fax: 603 427 2667
Email: Kerryanne.Hollins@LibertyMutual.com

Name: JASON HACKLING, DIRECTOR COMPLEX WORKERS COMPENSATION
Address: LIBERTY MUTUAL
P.O. BOX 4836
SYRACUSE NY 13221

Tel: 973 548 6912
Fax: 603 427 2665
Email: Jason.Hackling@LibertyMutual.com

FIRST NONPROFIT INSURANCE COMPANY

Name: MELISSA KOVACSY, DIRECTOR
Address: AMTRUST FINANCIAL
116 VILLAGE BOULEVARD
SUITE 303

Tel: 609 936 3003
Fax:
Email: melissa.kovacsy@amtrustgroup.com

Name: SUSAN GOLDMAN, MANAGER
Address: AMTRUST FINANCIAL
116 VILLAGE BOULEVARD
SUITE 303

Tel: 732 276 4879
Fax: 678 258 8395
Email: susan.goldman@amtrustgroup.com

FIRSTENERGY CORP & SUBS

Name: TIM LARKIN, CLAIMS TEAM LEADER
Address: SEDGEWICK CLAIMS MANAGEMENT SERVICES, INC.
EXECUTIVE PLAZA II
11350 MCCORMICK ROAD SUITE 800

Tel: 410 527 7628
Fax:
Email: timothy.larkin@sedgwickcms.com

Name: RISSA GOLDSTEIN, CLAIMS EXAMINER
Address: SEDGEWICK CLAIMS MANAGEMENT SERVICES, INC.
EXECUTIVE PLAZA II
11350 MCCORMICK ROAD SUITE 800

Tel: 410 773 4215
Fax:
Email: rissa.goldstein@sedgwickcms.com

FIRSTENERGY CORPORATION & SUBS

Name: ROBERT MACHION, ASSISTANT VP OF CLAIMS
Address: SEDGWICK (TPA)
1801 MARKET STREET
PHILADELPHIA PA 19103

Tel: 215 231 3849
Fax: 215 231 3800
Email: Robert.Machion@sedgwick.com

Name: WILLIAM REEDER, TEAM LEAD
Address: SEDGWICK (TPA)
1801 MARKET STREET
PHILADELPHIA PA 19103

Tel: 215 231 3934
Fax: 215 231 3800
Email: William.Reeder@sedgwick.com

FIRSTLINE NATIONAL INSURANCE COMPANY

Name: RICHARD HUGHES, CLAIM SUPERVISOR
Address: 200 NORTH MAIN STREET
BEL AIR, MD 21014

Tel: 410 838 4000
Fax: 410 638 8707
Email: richard_hughes@harfordmutual.com

Name: DEBORAH BETTEN, CLAIM SUPERINTENDENT
Address: 200 NORTH MAIN STREET
BEL AIR, MD 21014

Tel: 410 838 4000
Fax: 410 638 6206
Email: deborah_betten@harfordmutual.com

FITCHBURG MUTUAL INSURANCE COMPANY

Name: JOSEPH B. HASWELL, ASST. DIV. MANAGER, CASUALTY CLAIMS
Address: 222 AMES STREET
DEDHAM, MA 02026

Tel: 781 326 4010
Fax: 781 329 1818
Email: jhaswell@ndgroup.com

Name: ALAN T. CONSOLETTI, SUPERVISOR, CASUALTY CLAIMS
Address: 222 AMES STREET
DEDHAM, MA 02026

Tel: 781 326 4010
Fax: 781 329 1818
Email: aconsoletti@ndgroup.com

FLORISTS MUTUAL INSURANCE COMPANY

Name: JOAN KLOPF, CLAIMS MANAGER
Address: FLORISTS MUTUAL INSURANCE COMPANY
TWO TECHNOLOGY PARK DRIVE
WESTFORD MA 01886

Tel: 978 392 7152
Fax: 978 392 7137
Email: joan.klopf@sentry.com

Name: MATT STOSS, DIRECTOR - CLAIMS FIELD
Address: FLORISTS MUTUAL INSURANCE COMPANY
1025 BOULDERS PARKWAY
SUITE 200

Tel: 804 323 4550
Fax: 800 999 4642
Email: matt.stoss@sentry.com

FMI INSURANCE COMPANY

Name: DALE MARTIN, CO-VICE PRESIDENT - CLAIMS
Address: P.O. BOX 400
BRANCHVILLE, NJ 07862

Tel: 973 948 8808
Fax: 973 948 7190
Email: djmartin@fmiweb.com

Name: MELINDA RUSSO, CLAIMS ADJUSTER
Address: P.O. BOX 400
BRANCHVILLE, NJ 07826

Tel: 973 948 8865
Fax: 973 948 7190
Email: mhawkins@fmiweb.com

FRANK WINSTON CRUM INSURANCE INC

Name: KELLY KURI, CLAIMS MANAGER
Address: FRANK WINSTON CRUM INSURANCE COMPANY
100 S. MISSOURI AVENUE
CLEARWATER, FL 33756

Tel: 727 799 1150
Fax: 727 450 7911
Email: KellyK@FWCrumInsurance.com

Name: BRIGITTE BECKER, VICE PRESIDENT-CLAIMS
Address: 100 S. MISSOURI AVENUE
CLEARWATER, FL 33756

Tel: 727 799 1150
Fax: 727 450 7911
Email: brigitteb@fwcruminsurance.com

FRANKENMUTH MUTUAL INSURANCE COMPANY

Name: KRISTIN OTT, WORKERS COMPENSATION SUPERVISOR
Address: FRANKENMUTH MUTUAL INSURANCE COMPANY
1 MUTUAL AVENUE
FRANKENMUTH, MI 48787

Tel: 800 234 4433 ext: 2914
Fax: 989 652 6231
Email: kristin.ott@fmins.com

Name: CHRISTOPHER ZOOK, WC/PIP/AUTO CLAIMS MANAGER
Address: FRANKENMUTH MUTUAL INSURANCE COMPANY
1 MUTUAL AVENUE
FRANKENMUTH, MI 48787

Tel: 800 234 4433 ext: 2846
Fax: 989 652 6231
Email: christopher.zook@fmins.com

FRANKLIN MUTUAL INSURANCE COMPANY

Name: DALE MARTIN, CO-VICE PRESIDENT - CLAIMS
Address: P.O. BOX 400
BRANCHVILLE, NJ 07826

Tel: 973 948 8808
Fax: 973 948 7190
Email: djmartin@fmiweb.com

Name: MELINDA RUSSO, CLAIMS ADJUSTER
Address: P.O. BOX 400
BRANCHVILLE, NJ 07826

Tel: 973 948 8865
Fax: 973 948 7190
Email: mhawkins@fmiweb.com

FREEDOM SPECIALTY INSURANCE COMPANY

Name: MELISSA TRIMMER, WC CLAIM MANAGER
Address: FREEDOM SPECIALTY INSURANCE COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 380 251 9139
Fax:
Email: mtrimme@nationwide.com

Name: ANGELA DORAN, WC CONSULTANT
Address: FREEDOM SPECIALTY INSURANCE COMPANY
PO BOX 182079
COMLUMBUS OH 43218

Tel: 614 677 8613
Fax:
Email: stateWC@nationwide.com

GANNETT SATELLITE INFO. NETWORK

Name: KIM HARRIS, RISK MANAGEMENT COORDINATOR
Address: GANNETT CO., INC.
7950 JONES BRANCH DRIVE
MCLEAN, VA 22107

Tel: 703 854 6015
Fax: 703 854 2047
Email:

GENERAL CASUALTY COMPANY OF WISCONSIN

Name: DAN RUFENACHT, VP-WORKERS COMPENSATION CLAIMS
Address: QBE AMERICAS, INC
ONE QBE WAY
SUN PRAIRIE WI 53596

Tel: 916 505 6113
Fax:
Email: daniel.rufenacht@us.qbe.com

Name: DAVE PALMER, LEAD CLAIMS COMPLIANCE ANALYST
Address: QBE AMERICAS, INC
ONE QBE WAY
SUN PRAIRIE WI 53596

Tel: 608 825 5767
Fax:
Email: david.palmer@us.qbe.com

GENERAL SECURITY NATIONAL INSURANCE COMPANY

Name: DENNIS HELEWA, VICE PRESIDENT, CLAIMS
Address: 199 WATER STREET
SUITE 2100
NEW YORK, NY 10038

Tel: 212 884 9675
Fax: 212 363 3130
Email: dhelewa@scor.com

Name: RICHARD GERRITY, VICE PRESIDENT, CLAIMS
Address: 199 WATER STREET
SUITE 2100
NEW YORK, NY 10038

Tel: 212 884 9605
Fax: 212 363 3130
Email: rgerrity@scor.com

GENERAL STAR NATIONAL INSURANCE COMPANY

Name: LETITIA BOICE, ASST. VICE PRESIDENT
Address: 695 E. MAIN STREET
STAMFORD, CT 06901

Tel: 203 328 5646
Fax: 203 328 6150
Email: letitia.boice@gumc.com

Name: PATRICIA VILLEGAS, ASST. VICE PRESIDENT
Address: 695 E. MAIN STREET
STAMFORD, CT 06901

Tel: 203 328 6079
Fax: 203 328 6150
Email: patricia.villegas@generalstar.com

GENESIS INSURANCE COMPANY

Name: MOLLY DUNN, ASSISTANT VICE PRESIDENT
Address: GENESIS INSURANCE COMPANY
120 LONG RIDGE ROAD
ATTN: REGULATORY UNIT 3W

Tel: 203 328 5677
Fax: 203 328 5895
Email: molly.dunn@gumc.com

Name:
Address:

Tel:
Fax:
Email:

GERRESHEIMER GLASS INC

Name: SUSAN H TINNON, VICE PRESIDENT, HUMAN RESOURCES
Address: GERRESHEIMER GLASS, INC.
537 CRYSTAL AVENUE
VINELAND, NJ 08360

Tel: 856 896 6260
Fax:
Email: s.tinnon@gerresheimer.com

Name: PETER MARTURANO, CLAIMS MANAGER
Address: CORVEL CORP.
1000 MADISON AVE, STE 205
NORRISTOWN PA 19403

Tel: 484 831 3332
Fax: 866 392 2565
Email: peter_marturano@corvel.com

GLENCAR INSURANCE COMPANY

Name: KEVIN STINEMAN, CHIEF CLAIMS OFFICER
Address: GLENCAR INSURANCE COMPANY
500 PARK BLVD
SUITE 825

Tel: 602 793 1076
Fax: 630 735 2341
Email: Kevin.Stineman@hannover-re.com

Name: FRANK EVANS, SENIOR CLAIMS MANAGER
Address: GLENCAR INSURANCE COMPANY
500 PARK BLVD
SUITE 825

Tel: 805 217 6917
Fax: 630 735 2341
Email: frank.evans@hannover-re.com

GRANITE STATE INSURANCE COMPANY

Name: LAURA MOREN, TECHNICAL HOME OFFICE DIRECTOR
Address: AIG
222 SW COLUMBIA STREET
10TH FLOOR

Tel: 503 417 8320
Fax: 877 304 4360
Email: LAURA.MOREN@AIG.COM

GRAPHIC ARTS MUTUAL INSURANCE COMPANY

Name: IAN FISHER, SUPERVISOR
Address: GRAPHIC ARTS MUTUAL INSURANCE COMPANY
P.O. BOX 6610
UTICA NY 13504

Tel: 516 479 5240
Fax: 888 538 2018
Email: ian.fisher@uticanational.com

Name: STEPHEN WILLIAMSON, WC CLAIMS MANAGER
Address: GRAPHIC ARTS MUTUAL INSURANCE COMPANY
P.O. BOX 6610
UTICA NJ 13504

Tel: 315 734 2462
Fax: 888 538 2018
Email: stephen.williamson@uticanational.com

GRAY INSURANCE COMPANY

Name: ANDY CONDREY, CLAIMS MANAGER
Address: THE GRAY INSURANCE COMPANY
P.O. BOX 6202
METAIRIE LA 70009

Tel: 504 457 3826
Fax: 504 587 5658
Email: acondrey@grayinsco.com

Name: LARRY G MILLER, VICE PRESIDENT - CLAIMS
Address: THE GRAY INSURANCE COMPANY
P.O. BOX 6202
METAIRIE LA 70009

Tel: 504 754 6685
Fax: 504 887 5658
Email: lmiller@grayinsco.com

GREAT AMERICAN ALLIANCE INSURANCE COMPANY

Name: MICHELE BUCEK, SR CLAIMS MANAGER
Address: GREAT AMERICAN INSURANCE GROUP (STRATEGIC
COMP)
P.O. BOX 4080

Tel: 770 280 0786
Fax: 732 576 6157
Email: GAICMSMail@strategiccomp.com

Name: KARA WILLIAMS, CLAIMS MANAGER
Address: GREAT AMERICAN INSURANCE GROUP
P.O. BOX 4081
CLINTON IA 52733

Tel: 213 220 8205
Fax: 732 576 8205
Email: alternativemarketsclaims@gaig.com

GREAT AMERICAN ASSURANCE COMPANY

Name: MICHELE BUCEK, SR. CLAIMS MANAGER
Address: GREAT AMERICAN INSURANCE GROUP (STRATEGIC
COMP DIVISION)
P.O. BOX 4080

Tel: 770 280 0786
Fax: 732 576 6157
Email: GAICMSMail@strategiccomp.com

Name: KARA WILLIAMS, CLAIMS MANAGER
Address: GREAT AMERICAN INSURANCE GROUP
P.O. BOX 4081
CLINTON IA 52733

Tel: 213 220 8205
Fax: 732 576 6013
Email: alternativemarketsclaims@gaig.com

GREAT AMERICAN INSURANCE COMPANY OF NEW YORK

Name: MICHELE BUCEK, SR CLAIMS MANAGER
Address: GREAT AMERICAN INSURANCE GROUP (STRATEGIC
COMP DIVISION)
P.O. BOX 4080

Tel: 770 280 0786
Fax: 732 576 6157
Email: GAICMSMail@strategiccomp.com

Name: KARA WILLIAMS, CLAIMS MANAGER
Address: GREAT AMERICAN INSURANCE GROUP
P.O. BOX 4081
CLINTON IA 52733

Tel: 213 220 8205
Fax: 732 576 6013
Email: alternativemarketsclaims@gaig.com

GREAT AMERICAN INSURANCE COMPANY

Name: MICHELE BUCEK, SR. CLAIMS MANAGER
Address: GREAT AMERICAN INSURANCE GROUP (STRATEGIC
COMP)
P.O. BOX 4080

Tel: 770 280 0786
Fax: 732 576 6157
Email: GAICMSMail@strategiccomp.com

Name: KARA WILLIAMS, CLAIMS MANAGER
Address: GREAT AMERICAN INSURANCE GROUP
P.O. BOX 4081
CLINTON IA 45273

Tel: 213 220 8205
Fax: 732 576 4081
Email: alternativemarketsclaims@gaig.com

GREAT AMERICAN SPIRIT INSURANCE COMPANY

Name: MICHELE BUCEK, SR CLAIMS MANAGER
Address: GREAT AMERICAN INSURANCE GROUP (STRATEGIC
COMP DIVISION)
P.O. BOX 4080

Tel: 770 280 0786
Fax: 732 576 6157
Email: GAICMSMail@strategiccomp.com

Name: KARA WILLIAMS, CLAIMS MANAGER
Address: GREAT AMERICAN INSURANCE GROUP
P.O. BOX 4081
CLINTON IA 52733

Tel: 213 220 8205
Fax: 732 576 6013
Email: alternativemarketsclaims@gaig.com

GREAT DIVIDE INSURANCE COMPANY

Name: ALAA ZUAITER, AVP WC
Address: BERKLEY ENVIRONMENTAL
600 E. LAS COLINAS BLVD., SUITE 1344
IRVING, TX 75039

Tel: 972 819 8890
Fax: 866 360 1718
Email: AZuaiter@berkleyenvironmental.com

Name: TAMMY ANSELL, QUALITY & TRAINING MANAGER
Address: BERKLEY CASUALTY COMPANY
ONE METROPLEX DRIVE
SUITE 500

Tel: 205 874 8204
Fax: 205 870 3245
Email: tansell@berkindcomp.com

GREAT NORTHERN INSURANCE COMPANY

Name: LEVERETT STOCKING III, VP, CLAIM LEADER, NORTHEAST WORKERS' COMPENSATION
Address: CHUBB NORTH AMERICA CLAIMS
555 LONG WHARF DRIVE
NEW HAVEN 06511

Tel: 203 782 4082
Fax: 203 782 4126
Email: lstocking@chubb.com

Name: MICHELLE LOPA, AVP, CLAIMS MANAGER
Address: CHUBB NORTH AMERICA CLAIMS
150 ALLEN ROAD
SUITE 101

Tel: 908 605 3058
Fax: 908 860 4706
Email: mlopa@cubb.com

GREAT WEST CASUALTY COMPANY

Name: DALE SEGUIN, VICE PRESIDENT, WC CLAIMS
Address: GREAT WEST CASUALTY COMPANY
P.O. BOX 94
SOUTH SIOUX CITY, NE 68776

Tel: 800 228 8602
Fax: 800 833 1851
Email: d.seguin@gwccnet.com

Name: JAMMIE LYNN, SR SUPERVISOR WORKERS COMPENSATION CLAIMS
Address: GREAT WEST CASUALTY COMPANY
P.O. BOX 94
SOUTH SIOUX CITY, NE 68776

Tel: 800 228 8602
Fax: 800 833 1851
Email: j.lynn@gwccnet.com

GREATER NEW YORK MUTUAL INSURANCE COMPANY

Name: JAMES M PRIMAMORE, VP CLAIMS
Address: GREATER NEW YORK MUTUAL INSURANCE CO
333 THORNALL STREET
9TH FLOOR

Tel: 732 238 6300 ext: 284
Fax: 732 238 0355
Email: jprimamore@gny.com

Name: SUSAN CICCOLELLA, CLAIMS EXAMINER
Address: GREATER NEW YORK MUTUAL INSURANCE CO.
333 THORNALL STREET
9TH FLOOR

Tel: 732 238 6300 ext: 288
Fax: 732 238 0355
Email: sciccolella@gny.com

GREENWICH INSURANCE COMPANY

Name: ANTHONY HAMPTON, REGIONAL CLAIMS OPERAITONS LEAD
Address: AXA XL
P.O. BOX 211547
DALLAS TX 75211

Tel: 877 720 8844
Fax: 877 896 4562
Email: xlclaims.general.emailbox4documentum@axa.com

Name: JOHN CONROY, ASST VP, SR CLAIMS SPECIALIST
Address: AXA XL
505 EAGLEVIEW BOULEVARD
4TH FLOOR

Tel: 877 720 8844
Fax: 877 896 4562
Email: xlclaims.general.emailbox4documentum@axa.com

GUIDEONE ELITE INSURANCE COMPANY

Name: KARI DRAEGER, WC CLAIMS DIRECTOR
Address: GUIDEONE INSURANCE
1111 ASHWORTH ROAD
WEST DES MOINES IA 50265

Tel: 515 267 5254
Fax: 800 676 4457
Email: kdraeger@guideone.com

Name:
Address: GUIDEONE INSURANCE
1111 ASHWORTH ROAD
WEST DES MOINES IA 50265

Tel: 515 267 5926
Fax: 800 676 4457
Email: toloane@guideone.com

GUIDEONE INSURANCE COMPANY

Name: KARI DRAEGER, WC CLAIMS DIRECTOR
Address: GUIDEONE INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES IA 50265

Tel: 515 267 5254
Fax: 800 676 4457
Email: kdraeger@guideone.com

Name: TRINA O'LOANE, WC CLAIMS MANAGER
Address: GUIDEONE INSURANCE COMPANY
1111 ASHWORTH ROAD
WEST DES MOINES IA 50265

Tel: 515 267 5254
Fax: 800 676 4457
Email: toloane@guideone.com

GUIDEONE MUTUAL INSURANCE COMPANY

Name: LINDA WILSON, WC SUPERVISOR
Address: 1025 ASHWORTH ROAD
WEST DES MOINES, IA 50265

Tel: 515 267 5662
Fax: 800 676 4457
Email: lwilson@guideone.com

Name: LEIGH HOLLIS, WC ADJUSTER
Address: 1025 ASHWORTH ROAD
WEST DES MOINES, IA 50265

Tel: 515 267 5508
Fax: 800 676 4457
Email: lhollis@guideone.com

HARCO NATIONAL INSURANCE COMPANY

Name: CASSANDRA GOMEZ, MANAGER CLAIM SERVICES
Address: 215 SHULMAN BLVD
SUITE 400
NAPERVILLE FL 60563

Tel: 630 864 3450
Fax: 630 864 3305
Email: cassandra.gomez@iatinsurance.com

Name: MICHAEL BLINSON, SVP CORPORATE SECRETARY
Address: 702 OBERLIN ROAD
RALEIGH.COM NC 27605

Tel: 919 831 8176
Fax: 919 831 8160
Email: mike.blinson@oatomsiramce

HARFORD MUTUAL INSURANCE COMPANY

Name: BRYAN YEKSTAT, WORKERS' COMPENSATION CLAIMS SUPERVISOR
Address: 200 NORTH MAIN STREET
BEL AIR, MD 21014

Tel: 410 838 4000
Fax:
Email: byekstat@hm1842.com

Name:
Address:

Tel:
Fax:
Email:

HARLEYSVILLE INSURANCE COMPANY

Name: MELISSA TRIMMER, WC CLAIM MANAGER
Address: HARLEYSVILLE INSURANCE COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 308 251 9139
Fax:
Email: mtrimme@nationwide.com

Name: ANGELA DORAN, WC CONSULTANT
Address: HARLEYSVILLE INSURANCE COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 614 677 8613
Fax:
Email: stateWC@nationwide.com

HARLEYSVILLE INSURANCE COMPANY OF NEW JERSEY

Name: MELISSA TRIMMER, WC CLAIM MANAGER
Address: HARLEYSVILLE INSURANCE COMPANY OF NEW
JERSEY
PO BOX 182079

Tel: 308 251 9139
Fax:
Email: mtrimme@nationwide.com

Name: ANGELA DORAN, WC CONSULTANT
Address: HARLEYSVILLE INSURANCE COMPANY OF NEW
JERSEY
PO BOX 182079

Tel: 614 677 8613
Fax:
Email: stateWC@nationwide.com

HARLEYSVILLE LAKE STATES

Name: MELISSA TRIMMER, WC CLAIM MANAGER
Address: HARLEYSVILLE LAKE STATES
PO BOX 182079
COLUMBUS OH 43218

Tel: 380 251 9139
Fax:
Email: mtrimme@nationwide.com

Name: ANGELA DORAN, WC CONSULTANT
Address: HARLEYSVILLE LAKE STATES
PO BOX 182079
COLUMBUS OH 43218

Tel: 614 677 8613
Fax:
Email: stateWC@nationwide.com

HARLEYSVILLE MUTUAL INSURANCE COMPANY

Name: MELISSA TRIMMER, WC CLAIM MANAGER
Address: HARLEYSVILLE MUTUAL INSURANCE COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 380 251 9139
Fax: 877 907 8531
Email: mtrimme@nationwide.com

Name: ANGELA DORAN, WC CONSULTANT
Address: HARLEYSVILLE MUTUAL INSURANCE COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 614 677 8613
Fax:
Email: stateWC@nationwide.com

HARLEYSVILLE PREFERRED INSURANCE COMPANY

Name: MELISSA TRIMMER, WC CLAIM MANAGER
Address: HARLEYSVILLE PREFERRED INSURANCE COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 380 251 9139
Fax:
Email: mtrimme@nationwide.com

Name: ANGELA DORAN, WC CONSULTANT
Address: HARLEYSVILLE PREFERRED INSURANCE COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 614 677 8613
Fax:
Email: stateWC@nationwide.com

HARLEYSVILLE WORCESTER INSURANCE COMPANY

Name: MELISSA TRIMMER, WC CLAIM MANAGER
Address: HARLEYSVILLE WORCESTER COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 380 251 9139
Fax:
Email: mtrimme@nationwide.com

Name: ANGELA DORAN, WC CONSULTANT
Address: HARLEYSVILLE WORCESTER COMPANY
P.O. BOX 182079
COLUMBUS OH 43218

Tel: 614 677 8613
Fax:
Email: stateWC@nationwide.com

HARTFORD ACCIDENT & INDEMNITY COMPANY

Name: MIKE HEBBARD, CLAIM MANAGER
Address: 200 COLONIAL CENTER PKWY
LAKE MARY FL 32746

Tel: 315 385 5567
Fax:
Email: michael.hebbard@thehartford.com

Name: KARI DEMONT, CLAIM MANAGER
Address: THE HARTFORD
200 COLONIAL CENTER PKWY
LAKE MARY FL 32746

Tel: 407 562 3608
Fax:
Email: Kari.DeMont@thehartford.com

HARTFORD CASUALTY INSURANCE COMPANY

Name: MIKE HEBBARD, CLAIM MANAGER
Address: THE HARTFORD
200 COLONIAL CENTER PKWY
LAKE MARY FL 32746

Tel: 315 385 5567
Fax: 315 385 5567
Email: michael.hebbard@thehartford.com

Name: KARI DEMONT, CLAIM MANAGER
Address: THE HARTFORD
200 COLONIAL CENTER PKWY
LAKE MARY FL 32746

Tel: 407 562 3608
Fax:
Email: Kari.DeMont@thehartford.com

HARTFORD FIRE INSURANCE COMPANY

Name: MIKE HEBBARD, CLAIM MANAGER
Address: THE HARTFORD
200 COLONIAL CENTER PKWY
LAKE MARY FL 32746

Tel: 315 385 5567
Fax:
Email: michael.hebbard@thehartford.com

Name: KARI DEMONT, CLAIM MANAGER
Address: THE HARTFORD
200 COLONIAL CENTER PKWY
LAKE MARY FL 32746

Tel: 407 562 3608
Fax:
Email: Kari.DeMont@thehartford.com

HARTFORD INSURANCE COMPANY OF THE MIDWEST

Name: MIKE HEBBARD, CLAIM MANAGER
Address: THE HARTFORD
200 COLONIAL CENTER PKWY
LAKE MARY FL 32746

Tel: 315 385 5567
Fax:
Email: michael.hebbard@thehartford.com

Name: KARI DEMONT, CLAIM MANAGER
Address: THE HARTFORD
200 COLONIAL CENTER PKWY
LAKE MARY FL 32746

Tel: 407 562 3608
Fax:
Email: Kari.DeMont@thehartford.com

HARTFORD UNDERWRITERS INSURANCE COMPANY

Name: MIKE HEBBARD, CLAIM MANAGER
Address: THE HARTFORD
200 COLONIAL CENTER PKWY
LAKE MARY FL 32746

Tel: 315 385 5567
Fax:
Email: michael.hebbard@thehartford.com

Name: KARI DEMONT, CLAIM MANAGER
Address: THE HARTFORD
200 COLONIAL CENTER PKWY
LAKE MARY FL 32746

Tel: 407 562 3608
Fax:
Email: kari.DeMont@thehartford.com

HDI GLOBAL AMERICA INSURANCE CO

Name: JOHN THOMPSON, V.P. CLAIMS
Address: 700 NORTH BRAND BLVD., SUITE 600
GLENDALE, CA 91203

Tel: 818 662 4360
Fax: 818 637 6015
Email: john.thompson@hdi-gerling.com

Name: MARK ACKERMAN, CHIEF CLAIMS OFFICER
Address: 161 N. CLARK STREET
CHICAGO, IL 60601

Tel: 312 456 6760
Fax: 312 924 0901
Email: mark.ackerman@hdi-gerling.com

HEREFORD INSURANCE COMPANY

Name: JOHN ENG, WC CLAIMS MANAGER
Address: HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

Tel: 718 361 9191
Fax: 718 937 5918
Email: jeng@herefordinsurance.com

Name: RANDOLPH MONTANEZ, WC CLAIMS SUPERVISOR
Address: HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

Tel: 718 361 9191
Fax: 718 937 5918
Email: rmontanez@herefordinsurance.com

HERR FOOD, INC.

Name: MARK BENNETT, VP CLAIMS SERVICES
Address: 39 N. DUKE STREET
LANCASTER, PA 17601

Tel: 717 397 9600
Fax: 717 735 6951
Email: mbennett@murrayins.com

Name: LINDA KOPF, MANAGER, LICENSING AND COMPLIANCE
Address: 39 N. DUKE STREET
LANCASTER, PA 17601

Tel: 717 397 9600
Fax: 717 735 6929
Email: lkopf@murrayins.com

HIGH POINT PREFERRED INSURANCE COMPANY

Name: DAMMIE COURTNEY, HUMAN RESOURCE SPECIALIST
Address: 331 NEWMAN SPRINGS ROAD
RED BANK, NJ 07701

Tel: 732 978 6086
Fax: 732 978 6080
Email: dcourtney@highpointins.com

Name: LAURIE MULLINS, HUMAN RESOURCE PROJECT MANAGER
Address: 331 NEWMAN SPRINGS ROAD
RED BANK, NJ 07701

Tel: 732 978 6085
Fax: 732 978 6080
Email: lmullins@highpointins.com

HIGHLANDS INSURANCE COMPANY

Name: MARCIE CURCURITO, CLAIM TECHNICAL SPECIALIST
Address: BOX 6396
LAWRENCEVILLE, NJ 08648

Tel: 609 895 3206
Fax: 609 883 9434
Email: marcella.curcurito@highlandsinsurance.com

Name: VERNON WHITE, DIRECTOR OF CLAIMS
Address: BOX 6396
LAWRENCEVILLE, NJ 08648

Tel: 609 895 3005
Fax: 609 883 9434
Email: vernon.white@highlandsinsurance.com

HIGHMARK CASUALTY INSURANCE COMPANY

Name: LANCE VAUGHAN, TECHNICAL COORDINATOR, CLAIMS
Address: BRICKSTREET INSURANCE COMPANY
400 QUARRIER STREET
CHARLESTON WV 25301

Tel: 304 941 1000
Fax: 304 941 1294
Email: lance.vaughan@brickstreet.com

Name: ROBERT MARTI, MANAGER, CLAIMS
Address: BRICKSTREET INSURANCE COMPANY
400 QUARRIER STREET
CHARLESTON WV 25301

Tel: 304 941 1000
Fax: 304 941 1294
Email: robert.marti@brickstreet.com

HIGHVIEW NATIONAL INSURANCE COMPANY

Name: ESTEE LOWY, CHIEF OPERATING OFFICER
Address: HIGHVIEW NATIONAL INSURANCE COMPANY
1 ALPINE COURT
SUITE 102

Tel: 845 363 0500
Fax:
Email: estee@highviewins.com

Name: JOSEPH SETTON, UNDERWRITING MANAGER
Address: HIGHVIEW NATIONAL INSURANCE COMPANY
1 ALPINE COURT
SUITE 102

Tel: 845 363 0500
Fax:
Email: jsetton@highviewins.com

HOLY REDEEMER HEALTH SYSTEM AND AFFILIATES

Name: DARLENE PETERSON, WC MANAGER
Address: 2166 S. 12TH STREET
ALLENTOWN, PA 18103

Tel: 610 969 0162
Fax: 610 969 0252
Email: Darlene.Peterson@lvh.com

Name: BONNIE KEELAR, WC MANAGER
Address: 2166 S. 12TH STREET
ALLENTOWN, PA 18103

Tel: 610 969 0245
Fax: 610 969 0252
Email: Bonnie.Keelar@lvh.com

HOMESITE INSURANCE COMPANY

Name: LUZANNA MARANGONI, HR GENERALIST
Address: 99 BEDFORD STREET
BOSTON, MA 02111

Tel: 617 832 1322
Fax: 866 399 5521
Email: LMarangoni@homesite.com

HOUSING AUTHORITY PROPERTY INSURANCE

Name: LISE HOLIDAY, RESEARCH & COMPLIANCE ANALYST
Address: 189 COMMERCE COURT
CHESHIRE, CT 06410

Tel: 203 272 8220
Fax: 203 271 2265
Email: LHoliday@housingcenter.com

Name: AMY GALVIN, FIANCIAL COMPLIANCE & PLANNING MANAGER
Address: 189 COMMERCE COURT
CHESHIRE, CT 06410

Tel: 203 272 8220
Fax: 203 271 2265
Email: LHoliday@housingcenter.com

HUDSON INSURANCE COMPANY

Name: GREG EDWARDS, CLAIM UNIT MANAGER
Address: HUDSON INSURANCE GROUP
100 WILLIAM STREET
NEW YORK NY 10038

Tel: 212 978 2868
Fax: 646 216 3786
Email: gedwards@hudsoninsgroup.com

Name: MICHAEL LOCONSOLO, CLAIMS OPERATIONS MANAGER
Address: HUDSON INSURANCE GROUP
100 WILLIAM STREET
NEW YORK NY 10038

Tel: 212 918 9978
Fax: 646 216 3786
Email: mloconsolo@hudsoninsgroup.com

HURON INSURANCE COMPANY

Name: MELISSA TRIMMER, WC CLAIM MANAGER
Address: HURON INSURANCE COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 380 251 9139
Fax:
Email: mtrimme@nationwide.com

Name: ANGELA DORAN, WC CONSULTANT
Address: HURON INSURANCE COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 614 677 8613
Fax:
Email: stateWC@nationwide.com

ILLINOIS INSURANCE COMPANY

Name: JEFF SILVER, SECRETARY
Address: ILLINOIS INSURANCE COMPANY
P.O. BOX 3646
OMAHA NE 68154

Tel: 402 827 3424
Fax: 402 827 3432
Email: jeffreysilver@silver-law.net

Name: ROBERT L STAFFORD, VICE PRESIDENT OF FINANCE
Address: ILLINOIS INSURANCE COMPANY
P.O. BOX 3646
OMAHA NE 68154

Tel: 402 827 3424 ext: 4094
Fax: 402 827 3432
Email: rstafford@auw.com

ILLINOIS NATIONAL INSURANCE COMPANY

Name: LAURA MOREN, TECHNICAL HOME OFFICE DIRECTOR
Address: AIG
222 SW COLUMBIA STREET
10TH FLOOR

Tel: 503 417 8320
Fax: 877 304 4360
Email: Laura.Moren@aig.com

INDEMNITY INSURANCE COMPANY OF NORTH AMERICA

Name: TOM EASON, AVP WORKERS' COMPENSATION
Address: CHUBB NORTH AMERICA CLAIMS
1 BEAVER VALLEY ROAD
WILMINGTON, DE 19803

Tel: 302 476 7824
Fax: 302 476 7858
Email: thomas.eason@chubb.com

Name: DAVID KROLL, AVP WORKERS' COMPENSATION
Address: CHUBB NORTH AMERICA CLAIMS
P.O. BOX 5118
SCRANTON PA 18505

Tel: 818 428 3753
Fax: 818 428 3588
Email: david.kroll@chubb.com

INDIANA INSURANCE COMPANY

Name: KERRYANNE HOLLISS, SENIOR CLAIMS MANAGER
Address: LIBERTY MUTUAL
P.O. BOX 4836
SYRACUSE NY 13221

Tel: 973 648 7987
Fax: 603 427 2667
Email: Kerryanne.Holliss@LibertyMutual.com

Name: JASON HACKLING, DIRECTOR COMPLEX WORKERS' COMPENSATION
Address: LIBERTY MUTUAL
P.O. BOX 4836
SYRACUSE NY 13221

Tel: 973 648 7987
Fax: 603 427 2665
Email: Jason.Hackling@LibertyMutual.com

INSURANCE COMPANY OF GREATER NEW YORK

Name: JAMES M PRIMAMORE, VP CLAIMS
Address: INSURANCE COMPANY OF GREATER NEW YORK
333 THORNALL STREET
9TH FLOOR

Tel: 732 238 6300
Fax: 732 238 0355
Email: jprimamore@gny.com

Name: SUSAN CICCOLELLA, CLAIMS EXAMINER
Address: GREATER NEW YORK INSURANCE
333 THORNALL STREET
9TH FLOOR

Tel: 732 238 6300 ext: 288
Fax: 732 238 0355
Email: jprimamore@gny.com

INSURANCE COMPANY OF NORTH AMERICA

Name: TOM EASON, AVP, WORKERS' COMPENSATION CLAIMS
Address: CHUBB NORTH AMERICA CLAIMS
1 BEAVER VALLEY ROAD
WILMINGTON DE 19803

Tel: 302 476 7824
Fax: 302 476 7858
Email: Thomas.Eason@chubb.com

Name: DAVID KROLL, AVP, WORKERS' COMPENSATION CLAIMS
Address: CHUBB NORTH AMERICA CLAIMS
P.O. BOX 5118
SCRANTON PA 18505

Tel: 818 428 3753
Fax: 818 428 3588
Email: david.kroll@chubb.com

INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Name: LAURA MOREN, TECHNICAL HOME OFFICE DIRECTOR
Address: AIG
222 SW COLUMBIA STREET
10TH FLOOR

Tel: 503 417 8320
Fax: 877 304 4360
Email: Laura.Moren@aig.com

INSURANCE COMPANY OF THE WEST

Name: CONNOR MCNULTY, CLAIMS MANAGER
Address: ICW GROUP
15025 INNOVATION DRIVE
P.O. BOX 509039

Tel: 484 654 1919
Fax: 858 369 7706
Email: cmcnulty@icwgroup.com

Name: JUSTIN TARSİ, CLAIMS SPECIALIST
Address: ICW GROUP
15025 INNOVATION DRIVE
P.O. BOX 509039

Tel: 484 654 1902
Fax: 858 369 7706
Email: jtarsi@icwgroup.com

KING WORLD CORPORATION

Name: STEPHANIE GROSSBERG, DIRECTOR - RISK MANAGEMENT
Address: 51 W. 52ND STREET
NEW YORK, NY 10019

Tel: 212 975 8971
Fax: 212 597 4163
Email: stephanie.grossberg@cbs.com

Name: DAVID RICHARDSON, VICE PRESIDENT - CLAIMS
Address: ONE UNION PLAZA
NEW LONDON, CT 06320

Tel: 860 447 0048
Fax: 860 442 0076
Email: drichardson@murphybeane.com

LANCER INDEMNITY COMPANY

Name: KIRT VOVOU, ASSISTANT VICE PRESIDENT CLAIMS
Address: LANCER INDEMNITY COMPANY
370 WEST PARK AVENUE
LONG BEACH NY 11561

Tel: 516 825 2800
Fax: 516 825 1947
Email: kvovou@lancerinsurance.com

Name: SEAN METZGER, DIVISION MANAGER
Address: LANCER INDEMNITY COMPANY
370 WEST PARK AVENUE
LONG BEACH NY 11561

Tel: 516 825 2800
Fax: 516 825 1947
Email: smetzger@lancerinsurance.com

LANCER INSURANCE COMPANY

Name: MARY GEISWELLER, STATE COMPLIANCE ASST.
Address: LANCER INSURANCE COMPANY
370 W. PARK AVENUE
LONG BEACH NY 11561

Tel: 516 431 4441
Fax: 516 889 5111
Email: mgeisweller@lancerinsurance.com

Name: SUZANNE MASTROIANNI, ASSISTANT VP
Address: LANCER INSURANCE COMPANY
370 W. PARK AVENUE
LONG BEACH NY 11561

Tel: 516 431 4441
Fax: 516 889 5111
Email: smastroianni@lancerinsurance.com

LIBERTY INSURANCE CORPORATION

Name: KELLYANNE HOLLISS, SENIOR CLAIMS MANAGER
Address: LIBERTY MUTUAL
P.O. BOX 4836
SYRACUSE NY 13221

Tel: 973 648 7987
Fax: 603 427 2667
Email: Kerryanne.Holliss@LibertyMutual.com

Name: JASON HACKLING, DIRECTOR COMPLEX WORKERS COMPENSATION
Address: LIBERTY MUTUAL
P.O. BOX 4836
SYRACUSE NY 13221

Tel: 973 548 6912
Fax: 603 427 2665
Email: Jason.Hackling@LibertyMutual.com

LIBERTY MUTUAL FIRE INSURANCE CO.

Name: KERRYANNE HOLLISS, SENIOR CLAIMS MANAGER
Address: LIBERTY MUTUAL
P.O. BOX 4836
SYRACUSE NY 13221

Tel: 973 648 7987
Fax: 603 427 2667
Email: Kerryanne.Holliss@LibertyMutual.com

Name: JASON HACKLING, DIRECTOR COMPLEX WORKERS COMPENSATION
Address: LIBERTY MUTUAL
P.O. BOX 4836
SYRACUSE NY 13221

Tel: 973 548 6912
Fax: 603 427 2665
Email: Jason.Hackling@LibertyMutual.com

LIBERTY MUTUAL INSURANCE CO.

Name: ANTHONY LEON, CASE MANAGER
Address: LIBERTY MUTUAL INSURANCE COMPANY
P.O. BOX 4836
SYRACUSE NY 13221

Tel: 973 548 6926
Fax: 603 427 2676
Email: anthony.leon@libertymutual.com

Name:
Address:

Tel:
Fax:
Email:

LION INSURANCE COMPANY

Name: KAREN BETZ, DIRECTOR OF WORKERS' COMPENSATION
Address: PACKARD CLAIMS ADMINISTRATION
P.O. BOX 1549
TARPON SPRINGS FL 34688

Tel: 727 682 1072
Fax: 727 202 9945
Email: kbetz@packardclaims.com

Name:
Address:

Tel:
Fax:
Email:

LM INSURANCE CORPORATION

Name: CHRISTOPHER NIESMERTELNY, CLAIMS MANAGER
Address: 3 BECKER FARM ROAD
ROSELAND NJ 07068

Tel: 800 900 4875 ext: 2094
Fax: 800 449 2567
Email: christopher.niesmertelny@libertymutual.com

Name: JASON D HACKLING, DIRECTOR OF COMPLEX WC CLAIMS
Address: 3 BECKER FARM ROAD
ROSELAND NJ 07068

Tel: 800 900 4875 ext: 2206
Fax: 800 449 2567
Email: jason.hackling@libertymutual.com

LOWES HOME CENTERS INC

Name: KELLY YEAGER, WC CLAIMS HANDLER
Address: 150 S. WARNER ROAD
SUITE 300
P.O. BOX 61512

Tel: 610 386 7744
Fax: 610 386 7763
Email: Kelly.Yeager@srsconnect.com

Name: MECHELLE COLBY, WC CLAIMS HANDLER
Address: 303 LIPPINCOTT DRIVE
SUITE 200
P.O. BOX 779

Tel: 856 355 4484
Fax: 860 756 8427
Email: Mechelle.Colby@srsconnect.com

MACY'S INC AND SUBSIDIARIES

Name: SUSAN RUSSELL, WORKERS' COMPENSATION MANAGER
Address: MACY'S INC., AND SUBSIDIARIES
7 WEST 7TH STREET
CINCINNATI OH 45202

Tel: 513 579 7249 ext:
Fax:
Email: susan.russell@macys.com

Name: GEOFF MANUEL, WORKERS' COMPENSATION MANAGER
Address: MACYS INC., AND SUBSIDIARIES
7 WEST 7TH STREET
CINCINNATI OH 45202

Tel: 513 579 7734
Fax:
Email: geoffrey.manuel@macys.com

MAINE EMPLOYERS MUTUAL INSURANCE CO

Name: MICHELLE BOULEY, CLAIM TEAM MANAGER
Address: MEMIC
PO BOX 3606
PORTLAND ME 04104

Tel: 603 314 0674
Fax: 207 791 3334
Email: mbouley@memic.com

Name: NICOLE MELLO, MANAGER OF CLAIM COMPLIANCE
Address: MEMIC
PO BOX 3606
PORTLAND ME 04104

Tel: 603 314 0647
Fax: 207 791 3334
Email: nmello@memic.com

MANUFACTURERS ALLIANCE INSURANCE COMPANY

Name: MALENIS APONTE-DAVILA, CLAIMS DIRECTOR
Address: MANUFACTURERS ALLIANCE INSURANCE COMPANY
380 SENTRY PARKWAY
BLUE BELL PA 19422

Tel: 813 455 0732
Fax: 888 329 2721
Email: MALENIS_APONTE-DAVILA@PMAGROUP.COM

Name: SUSAN LEVENTIS, ASSISTANT CLAIMS MANAGER
Address: MANUFACTURERS ALLIANCE INSURANCE COMPANY
320 SENTRY PARKWAY
BLUE BELL PA 19422

Tel: 856 727 3128
Fax: 800 432 9762
Email: SUSAN_LEVENTIS@pmagroup.com

MARKEL INSURANCE COMPANY

Name: KAREN DWYER, DIRECTOR, EAST REGIONAL CLAIMS
Address: MARKEL SERVICE, INCORPORATED
P.O. BOX 3188
OMAHA, NE 68103

Tel: 888 500 3344
Fax: 877 444 6806
Email: Karen.dwyer@markel.com

Name: MELANIE COPPA, MANAGER, CLAIMS
Address: MARKEL SERVICE, INCORPORATED
P.O. BOX 3188
OMAHA, NE 68103

Tel: 888 500 3344
Fax: 877 444 6806
Email: melanie.coppa@markel.com

MARRIOTT CLAIMS SERVICES CORP.

Name: KAREN ROBINSON, CLAIMS UNIT MANAGER
Address: MARRIOTT CLAIM SERVICES INC.
9737 WASHINGTONIAN BLVD.
SUITE 201

Tel: 301 380 0371
Fax: 301 644 8230
Email: Karen.Robinson@marriot.com

Name: FAITH FRITZ, SENIOR MANAGER CLAIMS OPS.
Address: MARRIOTT CLAIM SERVICES INC.
9737 WASHINGTONIAN BLVD.
SUITE 201

Tel: 301 380 0375
Fax: 301 644 8230
Email: Faith.Fritz@marriott.com

MARRIOTT INTERNATIONAL, INC.

Name: KAREN ROBINSON, CLAIMS UNIT MANAGER
Address: MARRIOTT CLAIM SERVICES
540 GAITHER RD
SUITE 600

Tel: 301 380 0371
Fax: 301 644 8230
Email: karen.robinson@marriott.com

Name: FAITH FRITZ, SENIOR MANAGER CLAIMS OPERATIONS
Address: MARRIOTT CLAIM SERVICES
540 GAITHER RD
SUITE 600

Tel: 301 380 0375
Fax: 301 644 8230
Email: faith.fritz@marriott.com

MASSACHUSETTS BAY INSURANCE COMPANY

Name: KRISTY CARAHER, UNIT MANAGER WC
Address: THE HANOVER INSURANCE GROUP
PO BOX 15144
440 LINCOLN STREET

Tel: 315 453 4361
Fax: 508 635 8809
Email: kcaraher@hanover.com

Name: LAURA THORSEN, UNIT MANAGR WC
Address: THE HANOVER INSURANCE GROUP
PO BOX 15144
440 LINCOLN STREET

Tel: 508 855 5279
Fax: 508 635 8809
Email: WCStateforms.hanover.com

MCWANE INC

Name: MELANIE WILLIAMSON, VP & TREASURER
Address: MCWANE, INC.
2900 HIGHWAY 280, SUITE 300
BIRMINGHAM AL 35223

Tel: 205 414 3118
Fax: 205 414 3170
Email: melanie.williamson@mcwane.com

Name: BONITA FLIPPO, AVP-RISK MANAGEMENT
Address: MCWANE, INC.
2900 HIGHWAY 280, SUITE 300
BIRMINGHAM AL 35223

Tel: 205 414 3110
Fax: 205 414 3170
Email: bonita.flippo@mcwane.com

MEMIC INDEMNITY COMPANY

Name: GABE FOELDES, CLAIM TEAM MANAGER
Address: MEMIC INDEMNITY COMPANY
1200 HARBOR BLVD.
10TH FLOOR

Tel: 201 643 170
Fax: 201 791 3334
Email: gfoeldes@memic.com

Name: KAREN BELEY, CLAIM SPECIALIST IV
Address: MEMIC INDEMNITY COMPANY
1200 HARBOR BLVD
10TH FLOOR

Tel: 201 643 1704
Fax: 201 791 3334
Email: kbeley@memic.com

MEMORIAL SLOAN KETTERING CANCER CENTER

Name: MAGDALENE NEGRON, MANAGER, FMLA/DISABILITY
Address: 533 THIRD AVENUE, 5TH FLOOR
NEW YORK, NY 10017

Tel: 646 227 3638
Fax: 212 557 1249
Email: negronm@mskcc.org

Name: DONYSA VACHARASANEE, DISABILITY SPECIALIST
Address: 633 THIRD AVENUE, 5TH FLOOR
NEW YORK, NY 10017

Tel: 646 227 3289
Fax: 212 557 1249
Email: vacarad@mskcc.org

MERCER INSURANCE COMPANY OF NEW JERSEY INC

Name: KEVIN MELCHERT, CLAIM SUPERVISOR
Address: UNITED FIRE GROUP
P.O. BOX 73909
CEDAR RAPIDS IA 52407

Tel: 319 399 5803
Fax: 888 514 9190
Email: kmelchert@unitedfiregroup.com

Name: DEB ZANAR, SR. CLAIM REPRESENTATIVE
Address: UNITED FIRE GROUP
P.O. BOX 73909
CEDAR RAPIDS IA 52407

Tel: 319 247 6141
Fax: 888 514 9190
Email: dzanar@unitedfiregroup.com

MERCHANTS MUTUAL INSURANCE COMPANY

Name: DEE GRAULICH, CLAIM REPRESENTATIVE
Address: 309 FELLOWSHIP ROAD
SUITE 300
MT. LAUREL NJ 08054

Tel: 865 235 8890 ext: 271
Fax: 856 778 8290
Email: fgraulich@merchantsgroup.ocm

Name: BILL WOLFE, CLAIM MANAGER
Address: 309 FELLOWSHIP ROAD
SUITE 300
MT. LAUREL NJ 08054

Tel: 856 235 8890 ext: 270
Fax: 856 778 8290
Email: wwolfe@merchantsgroup.com

MERCHANTS PREFERRED INSURANCE COMPANY

Name: MARALEE L DENZ, WC SUPERVISOR
Address: MERCHANTS INSURANCE GROUP
250 MAIN STREET
BUFFALO NY 14202

Tel: 716 849 3029
Fax: 716 849 3379
Email: MDenz@merchantsgroup.com

Name: JONATHAN PERKINS, CLAIMS MANAGER
Address: MERCHANTS INSURANCE GROUP
250 MAIN STREET
BUFFALO NY 14202

Tel: 716 849 3250
Fax: 716 849 3379
Email: JPerkins@merchantsgroup.com

MERCK & COMPANY, INC.

Name: ERIC JUSTICE, WC TEAM LEADER
Address: 100 DMV DRIVE
KING OF PRUSSIA PA 19406

Tel: 800 551 0271
Fax: 860 947 3907
Email: eric.justice@srsconnect.com

Name: NANCY HOFACKER, ACCOUNT MANAGEMENT DIRECTOR
Address: 303 LIPPINCOTT CENTER
SUITE 200
MANTOR NJ 08053

Tel: 856 797 6533
Fax: 860 756 8426
Email: nancy.hofacker@srsconnect.com

MERIDIAN SECURITY INSURANCE COMPANY

Name: SUSAN PILON, WC CLAIM MANAGER
Address: STATE AUTO INSURANCE COMPANIES
P.O. BOX 182617
COLUMBUS OH 43218

Tel: 952 897 5543
Fax: 800 563 3364
Email: susan.pilon@libertymutual.com

Name: MICHAEL SCHNEIDER, CLAIMS TEAM MANAGER
Address: STATE AUTO INSURANCE COMPANIES
P.O. BOX 182617
COLUMBUS OH 43218

Tel: 952 893 3774
Fax: 800 563 3364
Email: michael.schneider@libertymutual.com

METUCHEN, RC DIOCESE OF

Name: JACQUELINE GLAKIN, INSURANCE MANAGER
Address: 146 METLARS LANE
DIOCESE OF METUCHEN
PISCATAWAY NJ 08854

Tel: 732 562 1990
Fax: 732 562 2464
Email: jglackin@diometuchen.org

Name: ERIC DILL, HUMAN RESOURCES DIRECTOR
Address: 146 METLARS LANE
PPISCATAWAY NJ 07059

Tel: 732 562 2465
Fax: 732 562 2464
Email: edill@metuchen.org

MIC PROPERTY & CASUALTY INSURANCE CORPORATION

Name: SHANNA ADAMS, LICENSING SUPERVISOR
Address: 300 GALLERIA OFFICENTRE, SUITE 200
SOUTHFIELD, MI 48034

Tel: 248 263 6922
Fax: 248 263 6915
Email: shanna.adams@gmacts.com

MID CENTURY INSURANCE COMPANY

Name: MATTHEW BLUM, WORKERS' COMPENSATION CLAIMS MANAGER
Address: FARMERS INSURANCE COMPANY
24000 N FARMERS WAY
PHOENIX AZ 85085

Tel: 602 635 5512
Fax: 877 217 1389
Email: matthew.blum@farmersinsurance.com

Name: LAUREN ROLATER, WORKERS' COMPENSATION COMPLIANCE LIAISON
Address: FARMERS INSURANCE COMPANY
15700 LONG VISTA DRIVE
AUSTIN TX 78728

Tel: 512 533 8789
Fax: 512 533 8398
Email: lauren.rolater@farmersinsurance.com

MIDDLESEX INSURANCE COMPANY

Name: JOAN KLOPF, CLAIMS MANAGER
Address: MIDDLESEX INSURANCE COMPANY
TWO TECHNOLOGY PARK DRIVE
WESTFORD MA 01886

Tel: 978 392 7152
Fax: 978 392 7137
Email: joan.klopf@sentry.com

Name: KARRI ERBES, CLAIMS MANAGER
Address: MIDDLESEX INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Tel: 715 346 9311
Fax: 715 346 9708
Email: karri.erbess@sentry.com

MIDWEST EMPLOYERS CASUALTY COMPANY

Name: BRENT FOURNIER, CLAIMS MANAGER
Address: BERKLEY NET UNDERWRITERS
9301 INNOVATION DRIVE
SUITE 200

Tel: 571 298 0972
Fax: 855 395 2518
Email: bfournier@berkleynet.com

Name: HANNAH HANSON, CLAIMS OPERATIONS SPECIALIST
Address: BERKLEY NET UNDERWRITERS
9301 INNOVATION DRIVE
SUITE 200

Tel: 571 778 6602
Fax: 855 395 2518
Email: hhanson@berkleynet.com

MILFORD CASUALTY INSURANCE COMPANY

Name: MELISSA KOVACSY, DIRECTOR
Address: AMTRUST FINANCIAL SERVICES, INC
116 VILLAGE BOULEVARD
SUITE 303

Tel: 609 936 3003
Fax: 678 258 8395
Email: melissa.kovacsy@amtrustgroup.com

Name: PATRICIA ROMAN, SENIOR CLAIMS MANAGER
Address: AMTRUST FINANCIAL SERVICES, INC
116 VILLAGE BOULEVARD
SUITE 303

Tel: 201 630 2233
Fax: 678 258 8395
Email: patricia.roman@amtrustgroup.com

mitsui sumitomo insurance company of america

Name: ROBERT MIKITA, WC CLAIMS MANAGER
Address: MITSUI SUMITOMO MARINE MANAGEMENT
15 INDEPENDENCE WAY
WARREN NJ 07059

Tel: 908 604 2911
Fax: 419 730 4930
Email: RMikita@msigusa.com

Name: KAREN HAYES, SR WC CLAIMS SPECIALIST
Address: MITSUI SUMITOMO MARINE MANAGEMENT
15 INDEPENDENCE WAY
WARREN NJ 07059

Tel: 908 604 2941
Fax: 419 730 4930
Email: KHayes@msigusa.com

MITSUI SUMITOMO INSURANCE USA INC

Name: ROBERT MIKITA, WC CLAIMS MANAGER
Address: MITSUI SUMITOMO MARINE MANAGEMENT
15 INDEPENDENCE BLVD.
WARREN NJ 07059

Tel: 908 604 2911
Fax: 419 730 4930
Email: RMikita@msigusa.com

Name: KAREN HAYES, SR WC CLAIMS MANAGER
Address: MITSUI SUMITOMO MARINE MANAGEMENT
15 INDEPENDENCE BLVD
WARREN NJ 07059

Tel: 908 604 2941
Fax: 419 730 4930
Email: KHayes@msigusa.com

MONMOUTH OCEAN HOSPITAL SERVICES CORP

Name: JACQUELINE A LYNCH, CLAIMS MANAGER
Address: PO BOX 309
PISCATAWAY NJ 08854

Tel: 732 562 7872
Fax: 732 465 7355
Email: jlynch@qualcareinc.com

Name: KAREN JOSKO, SUPERVISOR OF WORKERS' COMPENSATIOIN
Address: PO BOX 309
PISCATAWAY NJ 08854

Tel: 732 465 7346
Fax: 732 465 7355
Email: kjosko@qualcareinc.com

MORRIS COUNTY MUNICIPAL JOINT INSURANCE FUND

Name: ALICE H LIHOU, VICE PRESIDENT
Address: QUAL-LYNX
100 DECADON DRIVE
EGG HARBOR TOWNSHIP NJ 08234

Tel: 609 653 8400 ext: 2063
Fax: 609 653 2928
Email: alihou@qual-lynx.com

Name: GEMMA ARMENIA, UNIT MANAGER
Address: QUAL-LYNX
100 DECADON DRIVE
EGG HARBOR TOWNSHIP NJ 08234

Tel: 609 653 8400 ext: 2063
Fax: 609 601 3181
Email: garmenia@qual-lynx.com

MOTORS INSURANCE CORPORATION

Name: SHANNA ADAMS, LICENSING SUPERVISOR
Address: 300 GALLERIA OFFICENTRE, SUITE 200
SOUTHFIELD, MI 48034

Tel: 248 263 6922
Fax: 248 263 6915
Email: shanna.adams@gmacts.com

NATIONAL CASUALTY COMPANY

Name: MELISSA TRIMMER, WC CLAIM MANAGER
Address: NATIONAL CASULATY COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 380 251 9139
Fax:
Email: mtrimme@nationwide.com

Name: ANGELA DORAN, WC CONSULTANT
Address: NATIONAL CASULATY COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 614 677 8613
Fax:
Email: statewc@nationwide.com

NATIONAL FIRE INSURANCE OF HARTFORD

Name: KEVIN ZACCHIA, ASSISTANT VICE PRESIDENT
Address: 5786 WIDEWATERS
DEWITT NY 13214

Tel: 315 431 6752
Fax: 714 256 7905
Email: Kevin.Zacchia@cna.com

Name: TAMMY SOWERS, WORKERS' COMPENSATION CLAIM MANAGER
Address: ONE MERIDIAN BOULEVARD
WYOMISSING PA 19610

Tel: 610 320 4410
Fax: 877 371 5122
Email: Tammy.Sowers@cna.com

NATIONAL INTERSTATE INSURANCE COMPANY

Name: DAN RUSSO, COMPLIANCE MANAGER
Address: 3250 INTERSTATE DRIVE
RICHFIELD, OH 44286

Tel: 800 929 1500 ext: 1544
Fax: 330 659 8909
Email: daniel.russo@natl.com

Name: ANDY ISAKOFF, CLAIMS MANAGER
Address: 3250 INTERSTATE DRIVE
RICHFIELD, OH 44286

Tel: 800 929 1500 ext: 1117
Fax: 330 659 8909
Email: andy.isakoff@natl.com

NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII

Name: ANDY ISAKOFF, CLAIMS MANAGER
Address: 3250 INTERSTATE DRIVE
RICHFIELD, OH 44286

Tel: 800 929 1500 ext: 1117
Fax: 330 659 8909
Email: andy.isakoff@natl.com

Name: BRAD SCOFIELD, VICE PRESIDENT OF CLAIMS
Address: 3250 INTERSTATE DRIVE
RICHFIELD, OH 44286

Tel: 800 929 1500 ext: 1110
Fax: 330 659 8909
Email: brad.scofield@natl.com

NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Name: LAURA FORTRESS, CLAIMS MANAGER-WORKERS' COMPENSATION
Address: NATIONAL LIABILITY & FIRE INSURANCE COMPANY
PO BOX 3300
WILKES-BARRE PA 18773

Tel: 570 606 0746
Fax: 203 989 2652
Email: laura.fortress@biberk.com

NATIONAL SPECIALTY INSURANCE COMPANY

Name: DIANNA CORDOVA, SENIOR COMPLIANCE ANALYST
Address: 1900 L. DON DODSON DRIVE
BEDFORD TX 76021

Tel: 800 877 4567
Fax: 877 295 3081
Email: WorkComp@StateNational.com

Name: MONICA MCKENZIE, COMPLIANCE MANAGER
Address: 1900 L. DON DODSON DRIVE
BEDFORD, TX 76021

Tel: 800 877 4567
Fax: 877 295 3081
Email: WorkComp@StateNational.com

NATIONAL SURETY CORPORATION

Name: STEPHEN LANGSTAFF, WC CLAIMS TEAM LEAD
Address: ALLIANZ GLOBAL CORPORATE & SECURITY
P.O. BOX 970
O'FALLON MO 6366

Tel: 713 877 5580
Fax: 916 415 2597
Email: stephen.langstaff@agcs.allianz.com

Name: LETITIA TIGUE, CLAIMS COMPLIANCE SPECIALIST
Address: ALLIANZ GLOBAL CORPORATE & SECURITY
P.O. BOX 970
OFALLON MO 63366

Tel: 952 486 5259
Fax: 888 340 6679
Email: letitia.tigue@agcs.allianz.com

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH PENNSYLVANIA

Name: LAURA MOREN, TECHNICAL HOME OFFICE DIRECTOR
Address: AIG
222 SW COLUMBIA STREET
10TH FLOOR

Tel: 503 417 8320
Fax: 877 304 4360
Email: Laura.Moren@aig.com

NATIONWIDE AGRIBUSINESS INSURANCE COMPANY

Name: MELISSA TRIMMER, WC CLAIM MANAGER
Address: NATIONWIDE AGRIBUSINESS INSURANCE COMPANY
P.O. BOX 182079
COLUMBUS OH 43218

Tel: 380 251 9139
Fax:
Email: mtrimme@nationwide.com

Name: ANGELA DORAN, WC CONSULTANT
Address: NATIONWIDE AGRIBUSINESS INSURANCE COMPANY
P.O. BOX 182079
COLUMBUS OH 43218

Tel: 614 677 8613
Fax:
Email: stateWC@nationwide.com

NATIONWIDE ASSURANCE COMPANY

Name: MELISSA TRIMMER, WC CLAIM MANAGER
Address: NATIONWIDE ASSURANCE COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 380 251 9139
Fax:
Email: mtrimme@nationwide.com

Name: ANGELA DORAN, WC CONSULTANT
Address: NATIONWIDE ASSURANCE COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 614 677 8613
Fax:
Email: stateWC@nationwide.com

NATIONWIDE GENERAL INSURANCE COMPANY

Name: MELISSA TRIMMER, WC CLAIM MANAGER
Address: NATIONWIDE GENERAL INSURANCE COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 380 251 9139
Fax:
Email: mtrimme@nationwide.com

Name: ANGELA DORAN, WC CONSULTANT
Address: NATIONWIDE GENERAL INSURANCE COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 614 677 8613
Fax:
Email: stateWC@nationwide.com

NATIONWIDE INSURANCE COMPANY OF AMERICA

Name: MELISSA TRIMMER, WC CLAIM MANAGER
Address: NATIONWIDE INSURANCE COMPANY OF AMERICA
PO BOX 182079
COLUMBUS OH 43218

Tel: 380 251 9139
Fax:
Email: mtrimme@nationwide.com

Name: ANGELA DORAN, WC CONSULTANT
Address: NATIONWIDE INSURANCE COMPANY OF AMERICA
PO BOX 182079
COLUMBUS OH 43218

Tel: 614 677 8613
Fax:
Email: stateWC@nationwide.com

NATIONWIDE MUTUAL FIRE INSURANCE COMPANY

Name: MELISSA TRIMMER, WC CLAIM MANAGER
Address: NATIONWIDE MUTUAL FIRE INSURANCE COMPANY
PO BOX 182079

Tel: 614 568 6513
Fax: 877 907 8531
Email: mtrimme@nationwide.com

Name: ANGELA DORAN, WC CONSULTANT
Address: NATIONWIDE MUTUAL FIRE INSURANCE COMPANY
P.O. BOX 182079
COLUMBUS OH 43218

Tel: 614 677 8613
Fax:
Email: dorana1@nationwide.com

NATIONWIDE MUTUAL INSURANCE COMPANY

Name: MELISSA TRIMMER, WC CLAIM MANAGER
Address: NATIONWIDE MUTUAL INSURANCE COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 380 251 9139
Fax:
Email: mtrimme@nationwide.com

Name: ANGELA DORAN, WC CONSULTANT
Address: NATIONWIDE MUTUAL INSURANCE COMPANY
P.O. BOX 182079
COLUMBUS OH 43218

Tel: 614 677 8613
Fax:
Email: stateWC@nationwide.com

NATIONWIDE PROPERTY & CASUALTY INSURANCE COMPANY

Name: MELISSA TRIMMER, WC CLAIM MANAGER
Address: NATIONWIDE PROPERTY AND CASUALTY
PO BOX 182079
COLUMBUS OH 43218

Tel: 380 251 9139
Fax:
Email: mtrimme@nationwide.com

Name: ANGELA DORAN, WC CONSULTANT
Address: NATIONWIDE PROPERTY AND CASUALTY
PO BOX 182079
COLUMBUS OH 43218

Tel: 614 677 8613
Fax:
Email: stateWC@nationwide.com

NETHERLANDS INSURANCE COMPANY

Name: TODD GANCARZ, UNIT LEADER
Address: 5062 BRITTONFIELD PARKWAY
EAST SYRACUSE NY 13057

Tel: 315 431 6131
Fax: 800 526 0681
Email: todd.gancarz@peerless-ins.com

Name: KAREN PEINKOFER, UNIT LEADER
Address: 5062 BRITTONFIELD PARKWAY
EAST SYRACUSE NY 13057

Tel: 315 431 6322
Fax: 800 526 0681
Email: karen.peinkofer@peerless-ins.com

NEW HAMPSHIRE INSURANCE COMPANY

Name: LAURA MOREN, TECHNICAL HOME OFFICE DIRECTOR
Address: AIG
222SW COLUMBIA STREET
10TH FLOOR

Tel: 503 417 8320
Fax: 877 304 4360
Email: Laura.Moren@aig.com

NEW JERSEY CASUALTY INSURANCE COMPANY

Name: JAMIE SONSINI, VICE PRESIDENT, WC CLAIMS
Address: NEW JERSEY CASUALTY INSURANCE COMPANY
301 SULLIVAN WAY
WEST TRENTON, NJ 08628

Tel: 609 883 1300
Fax: 609 882 0838
Email: jsonsini@njm.com

Name: KIMBERLY CAREY, ADMINISTRATOR, WC CLAIMS
Address: NEW JERSEY CASUALTY INSURANCE COMPANY
301 SULLIVAN WAY
WEST TRENTON, NJ 08628

Tel: 609 883 1300
Fax: 609 882 0838
Email: kcarey@njm.com

NEW JERSEY INDEMNITY INSURANCE COMPANY

Name: JAMIE SONSINI, VICE PRESIDENT, WC CLAIMS
Address: NEW JERSEY INDEMNITY INSURANCE COMPANY
301 SULLIVAN WAY
WEST TRENTON, NJ 08628

Tel: 609 883 1300
Fax: 609 882 0838
Email: jsonsini@njm.com

Name: KIMBERLY CAREY, ADMINISTRATOR, WC CLAIMS
Address: NEW JERSEY INDEMNITY INSURANCE COMPANY
301 SULLIVAN WAY
WEST TRENTON, NJ 08628

Tel: 609 883 1300
Fax: 609 882 0838
Email: kcarey@njm.com

NEW JERSEY MANUFACTURERS INSURANCE COMPANY

Name: JAMIE SONSINI, VICE PRESIDENT, WC CLAIMS
Address: NEW JERSEY MANUFACTURERS INSURANCE CO
301 SULLIVAN WAY
WEST TRENTON, NJ 08628

Tel: 609 883 1300
Fax: 609 882 0838
Email: JSonsini@NJM.com

Name: KIMBERLY CAREY, ADMINISTRATOR, WC CLAIMS
Address: NEW JERSEY MANUFACTURERS INSURANCE CO
301 SULLIVAN WAY
WEST TRENTON, NJ 08628

Tel: 609 883 1300
Fax: 609 882 0838
Email: kcarey@njm.com

NEW JERSEY RE-INSURANCE COMPANY

Name: JAMIE SONSINI, VICE PRESIDENT, WC CLAIMS
Address: NEW JERSEY RE-INSURANCE COMPANY
301 SULLIVAN WAY
WEST TRENTON NJ 08628

Tel: 609 883 1300
Fax: 609 882 0838
Email: jsonsini@njm.com

Name: KIMBERLY CAREY, ADMINISTRATOR, WC CLAIMS
Address: NEW JERSEY RE-INSURANCE COMPANY
301 SULLIVAN WAY
WEST TRENTON NJ 08628

Tel: 609 883 1300
Fax: 609 882 0838
Email: kcarey@njm.com

NEW YORK MARINE AND GENERAL INSURANCE COMPANY

Name: SHERRON DAVENPORT, AVP, REGULATORY REPORTING
Address: 412 MT. KEMBLE AVENUE
SUITE 300C
MORRISTOWN NJ 07960

Tel: 973 532 1728
Fax: 855 200 1158
Email: sdavenport@coactionspecialty.com

Name: DANIEL NIEVES, SR. REGULATORY ANALYST
Address: 412 MT. KEMBLE AVENUE
SUITE 300C
MORRISTOWN NJ 07960

Tel: 973 532 1775
Fax: 855 200 1158
Email: dnieves@coactionspecialty.com

NEWARK, RC ARCHDIOCESE OF

Name: DONNA WROBEL, ASSISTANT DIRECTOR
Address: 171 CLIFTON AVENUE
NEWARK, NJ 07104

Tel: 973 497 4044
Fax: 973 497 4313
Email: wrobeldo@rcan.org

Name: JOSEPH FRANK, EXECUTIVE DIRECTOR
Address: 171 CLIFTON AVENUE
NEWARK, NJ 07104

Tel: 973 497 4041
Fax: 973 497 4313
Email: frankjoe@rcan.org

NORDSTROM, INC.

Name: SUZANNE KINSEY, SR MANAGER WORKERS COMPENSATION
Address: NORDSTROM
PO BOX 3040
FULLERTON CA 92834

Tel: 714 513 4781
Fax: 714 513 4778
Email: suzanne.p.kinsey@nordstrom.com

Name: VIRGINIA RAZO, CLAIMS SUPERVISOR
Address: NORDSTROM
PO BOX 3040
FULLERTON CA 92834

Tel: 714 513 4789
Fax: 714 513 4778
Email: virginia.m.razo@nordstrom.com

NORGUARD INSURANCE COMPANY

Name: ZACHARY PLESCIA, PARALEGAL
Address: NORGUARD INSURANCE COMPANY
P.O. BOX 1368
WILKES-BARRE PA 18703

Tel: 800 673 2465
Fax: 570 825 2065
Email: zachary.plescia@guard.com

Name:
Address:

Tel:
Fax:
Email:

NORMANDY INSURANCE COMPANY

Name: ROBIN DEMELLO, CLAIMS MANAGER
Address: NORMANDY INSURANCE COMPANY
4800 N FEDERAL HWY STE 302A
BOCA RATON FL 33431

Tel: 954 666 6514
Fax: 954 666 6048
Email: rdemello@normandyins.com

Name: CAITLIN PARROTT, BUSINESS INFORMATION & COMPLIANCE MANAGER
Address: NORMANDY INSURANCE COMPANY
4800 N FEDERAL HWY STE 302A
BOCA RATON FL 33431

Tel: 954 357 0122
Fax: 954 357 0122
Email: cparrott@normandyins.com

NORTH POINTE INSURANCE COMPANY

Name: DAN RUFENACHT, VP. WORKERS COMPENSATION CLAIMS
Address: QBE AMERICAS, INC.
ONE QBE WAY
SUN PRAIRIE, WI 53596

Tel: 916 505 6113
Fax: 866 251 5389
Email: daniel.rufenacht@us.qbe.com

Name: DAVE PALMER, LEAD CLAIMS COMPLIANCE ANALYST
Address: QBE AMERICAS, INC
ONE QBE WAY
SUN PRAIRIE WI 53596

Tel: 608 825 5767
Fax: 866 251 5389
Email: david.palmer@us.qbe.com

NORTH RIVER INSURANCE COMPANY

Name: MARLENE COBAR, WC MANAGER
Address: NORTH RIVER INSURANCE COMPANY
P.O. BOX 14139
LEXINGTON KY 40512

Tel: 973 490 6076
Fax: 877 622 6911
Email: marlene.cobar@cfins.com

Name: DIANE PARRISH, AVP WC CLAIMS
Address: NORTH RIVER INSURANCE COMPANY
P.O. BOX 14139
LEXINGTON KY 40512

Tel: 973 490 6992
Fax: 877 622 6911
Email: diane.parrish@cfins.com

NOVA CASUALTY COMPANY

Name: MARK ROBICHAUD, WC PROGRAM CLAIM MANAGER
Address: HANOVER PROGRAMS
7 WATERSIDE CROSSING
SUITE 100

Tel: 860 683 9885
Fax: 860 683 5000
Email: mrobichaud@hanoverprograms.com

Name: JANICE LOMBARDI, SR. ADMINISTRATIVE ASSISTANT
Address: HANOVER PROGRAMS
7 WATERSIDE CROSSING
SUITE 100

Tel: 860 683 5019
Fax: 860 683 5000
Email: jlombardi@hanoverprograms.com

OAK RIVER INSURANCE COMPANY

Name: JACOB MILLER, MANAGER
Address: OAK RIVER INSURANCE COMPANY
P.O. BOX 881716
SAN FRANCISCO CA 94188

Tel: 402 952 5156
Fax: 415 675 5469
Email: jamiller@bhhc.com

Name: NICOLE ALBRECHT, ASSISTANT DIRECTOR
Address: OAK RIVER INSURANCE COMPANY
P.O. BOX 881716
SAN FRANCISCO CA 94188

Tel: 800 661 6029
Fax: 415 675 5469
Email: nalbrecht@bhhc.com

OBI AMERICA INSURANCE COMPANY

Name: CINDY VAN EYLL, VP OF WC CLAIMS
Address: OBI AMERICA INSURANCE COMPANY
601 CARLSON PKWY, SUITE 600
MINNETONKA MN 55305

Tel: 952 852 0828
Fax: 866 639 0437
Email: cvaneyll@IntactInsurance.com

Name: CHRIS BAER, CLAIMS SUPERVISOR
Address: OBI AMERICA INSURANCE COMPANY
188 INVERNESS DRIVE WEST, SUITE 600
ENGLEWOOD CO 80112

Tel: 781 332 8708
Fax: 866 387 9623
Email: cbaer@IntactInsurance.com

OBI NATIONAL INSURANCE CO

Name: CINDY VAN EYLL, VP OF WC CLAIMS
Address: OBI NATIONAL INSURANCE COMPANY
605 NORTH HIGHWAY 169
SUITE 800

Tel: 952 852 0828
Fax: 866 639 0437
Email: cvaneyll@IntactInsurance.com

Name: CHRIS BAER, CLAIMS SUPERVISOR
Address: OBI AMERICA INSURANCE COMPANY
188 INVERNESS DRIVE WEST, SUITE 600
ENGLEWOOD CO 80112

Tel: 781 332 8708
Fax: 866 387 9623
Email: cbaer@IntactInsurance.com

OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA

Name: CASSANDRA GOMEZ, MANAGER CLAIM SERVICES
Address: OCCIDENTAL FIRE & CASUALTY COMPANY
215 SHULMAN BLVD.
SUITE 400

Tel: 630 864 3450
Fax: 630 864 3305
Email: cassandra.gomez@iatinsurance.com

Name: MICHAEL BLINSON, SVP CORPORATE SECRETARY
Address: HARCO NATIONAL INSURANCE COMPANY
702 OBERLIN ROAD
RALEIGH NC 27605

Tel: 919 831 8176
Fax: 919 831 8160
Email: mike.blinson@iatinsurance.com

OHIO CASUALTY INSURANCE COMPANY

Name: KERRYANNE HOLLISS, SENIOR CLAIMS MANAGER
Address: LIBERTY MUTUAL
P.O. BOX 4836
SYRACUSE NY 13221

Tel: 973 648 7987
Fax: 603 427 2667
Email: Kerryanne.Holliss@LibertyMutual.com

Name: JASON HACKLING, DIRECTOR COMPLEX WORKERS COMPENSATION
Address: LIBERTY MUTUAL
P.O. BOX 4836
SYRACUSE NY 13221

Tel: 973 548 6912
Fax: 603 427 2665
Email: Jason.Hackling@LibertyMutual.com

OHIO FARMERS INSURANCE COMPANY

Name: MONICA CASTRO, WC CLAIM SPECIALIST
Address: OHIO FARMERS INSURANCE COMPANY
P.O. BOX 5005
WESTFIELD CENTER OH 44251

Tel: 330 887 0794
Fax: 330 887 4681
Email: monicacastro@westfieldgrp.com

OHIO FARMERS INSURANCE COMPANY

Name: MONICA CASTRO, SR. WORKERS COMPENSATION CLAIMS REPRESENTATIVE
Address: P.O. BOX 5005
WESTFIELD CENTER OH 44251

Tel: 330 887 0794
Fax: 330 887 4681
Email: MonicaCastro@WestfieldGrp.com

Name: JAMES GREENWALD, WORKERS COMPENSATION COMPLEX CLAIMS LEADER
Address: P.O. BOX 5005
WESTFIELD CENTER OH 44251

Tel: 717 581 6878
Fax: 330 887 4681
Email: JamesGreenwald@WestfieldGrp.com

Name: JOSHUA DIXON, WORKERS COMP COMPLEX CLAIMS LEADER
Address: OHIO FARMERS INSURANCE COMPANY
P.O. BOX 5005
WESTFIELD CENTER OH 44251

Tel: 717 581 6856
Fax: 330 887 4681
Email: joshuadixon@westfieldgrp.com

OHIO SECURITY INSURANCE COMPANY

Name: KERRYANNE HOLLISS, SENIOR CLAIMS MANAGER
Address: LIBERTY MUTUAL
P.O. BOX 4836
SYRACUSE NY 13221

Tel: 973 648 7987
Fax: 603 427 2667
Email: Kerryanne.Holliss@LibertyMutual.com

Name: JASON HACKLING, DIRECTOR COMPLEX WORKERS COMPENSATION
Address: LIBERTY MUTUAL
P.O. BOX 4836
SYRACUSE NY 13221

Tel: 973 548 6912
Fax: 603 427 2665
Email: Jason.Hackling@LibertyMutual.com

OLD REPUBLIC GENERAL INSURANCE COMPANY

Name: DEBORAH J MATTHEWS, VICE PRESIDENT, REGULATORY COMPLIANCE SERVICES
Address: OLD REPUBLIC INTERNATIONAL
307 N. MICHIGAN AVENUE, 17TH FLOOR
CHICAGO, IL 60601

Tel: 312 762 4530
Fax: 312 762 4950
Email: dmatthews@oldrepublic.com

OLD REPUBLIC INSURANCE COMPANY

Name: KRISTINA MARADA, AVP CLAIM COMPLIANCE
Address: OLD REPUBLIC RISK MANAGEMENT
445 S. MOORLAND ROAD
BROOKFIELD WI 53005

Tel: 262 797 3400
Fax: 262 979 0486
Email: cclaims@orrm.com

Name: J. ERIC STROKA, VICE PRESIDENT
Address: OLD REPUBLIC INSURANCE COMPANY
PO BOX 1019
YOUNGWOOD PA 15697

Tel: 724 834 5000
Fax: 724 834 8204
Email: claims@orinsco.com

OMAHA NATIONAL INSURANCE COMPANY

Name: ANNE REED, VICE PRESIDENT CLAIMS
Address: OMAHA NATIONAL INSURANCE COMPANY
P.O. BOX 451139
OMAHA NE 68145

Tel: 844 761 8400
Fax: 844 761 8402
Email: claims@omahanational.com

PACIFIC EMPLOYERS INSURANCE COMPANY

Name: TOM EASON, AVP, WORKERS' COMPENSATION
Address: CHUBB NORTH AMERICA CLAIMS
1 BEAVER VALLEY ROAD
WILMINGTON DE 19803

Tel: 302 476 7824
Fax: 302 476 7858
Email: Thomas.Eason@chubb.com

Name: DAVID KROLL, AVP, WORKERS' COMPENSATION CLAIMS
Address: CHUBB NORTH AMERICA CLAIMS
P.O. BOX 5118
SCRANTON PA 18505

Tel: OM 428 3753
Fax: 818 428 3588
Email: david.kroll@chubb.com

PACIFIC INDEMNITY COMPANY

Name: LEVERETT STOCKING III, VP, CLAIM LEADER, NORTHEAST WORKERS' COMPENSATION
Address: CHUBB NORTH AMERICA CLAIMS
555 LONG WHARF DRIVE
NEW HAVEN CT 06511
Tel: 203 782 4082
Fax: 203 782 4126
Email: lstocking@chubb.com

Name: MICHELLE LOPA, AVP, CLAIM MANAGER
Address: CHUBB NORTH AMERICA CLAIMS
150 ALLEN ROAD
SUITE 101
Tel: 908 605 3058
Fax: 908 860 4706
Email: mlopa@chubb.com

PACIFIC PIONEER INSURANCE COMPANY

Name: PING CHEN, TREASURER
Address: 6363 KATELLA AVENUE
CYPRESS, CA 90630
Tel: 714 228 7800
Fax: 714 228 7932
Email: pingc@pacpioneer.com

Name: LANA CHAN, CONTROLLER
Address: PACIFIC PIONEER INSURANCE COMPANY
6363 KATELLA AVENUE
CYPRESS, CA 90630
Tel: 714 228 7800
Fax: 714 228 7930
Email: lchan@ucageneral.com

PARK NATIONAL INSURANCE COMPANY

Name: MELISSA KOVACSY, DIRECTOR
Address: AMTRUST FINANCIAL SERVICES INC.
116 VILLAGE BOULEVARD
SUITE 303
Tel: 609 936 3003
Fax: 678 258 8395
Email: melissa.kovacsy@amtrustgroup.com

Name: PATRICIA ROMAN, SENIOR CLAIMS MANAGER
Address: AMTRUST FINANCIAL SERVICES, INC
116 VILLAGE BOULEVARD
SUITE 303
Tel: 201 630 2233
Fax: 678 258 8395
Email: patrici.roman@amtrustgroup.com

PARKER HANNIFIN CORPORATION

Name: GARY LIMONCELLI, CLAIMS ADJUSTER
Address: 850 FULTON STREET, SUITE 3
FARMINGDALE, NY 11735
Tel: 516 750 1323
Fax: 516 283 0282
Email: gll@naiclaimsconsulting.com

Name: TERRY BANASZAK, ACCOUNT EXECUTIVE
Address: 1700 EASTPOINT PARKWAY
LOUISVILLE, KY 40223
Tel: 502 244 1343
Fax: 502 426 9185
Email: terryb@uscky.com

PATERSON, RC DIOCESE OF

Name: PATRICIA NAPIER, SR WC CLAIMS SUPERVISOR
Address: P.O. BOX 500
SOMERS POINT, NJ 08244
Tel: 800 367 0138 ext: 2046
Fax: 609 926 8038
Email: tnapiier@sciadvantage.com

Name: LINDA DEROUIN, LITIGATED SUPERVISOR
Address: P.O. BOX 500
SOMERS POINT, NJ 08244

Tel: 800 367 0138 ext: 2058
Fax: 609 926 8038
Email: lderouin@sciadvantage.com

PEERLESS INDEMNITY INSURANCE COMPANY

Name: TODD GANCARZ, UNIT LEADER
Address: 5062 BRITTONFIELD PARKWAY
EAST SYRACUSE NY 13057

Tel: 301 431 6131
Fax: 800 526 0681
Email: todd.gancarz@peerless-ins.com

Name: KAREN PEINKOFER, UNIT LEADER
Address: 5062 BRITTONFIELD PARKWAY
EAST SYRACUSE NY 13057

Tel: 315 431 6322
Fax: 800 526 0681
Email: karen.peinkofer@peerless-ins.com

PENN MILLERS INSURANCE COMPANY

Name: MARCY MARRA, WORKERS' COMP CLAIM SPECIALIST
Address: PENN MILLERS INSURANCE CO.
72 NORTH FRANKLIN STREET
PO BOX P

Tel: 570 200 1344
Fax: 570 822 2165
Email: mmarra@chubbagribusiness.com

Name: MATTHEW G MINOR, ATTORNEY
Address: SWEET PASQUARELLI, PC
17A JOYCE KILMER AVENUE NORTH
P.O. BOX 674

Tel: 732 249 7180
Fax: 732 249 7705
Email: mminor@sweetpasquarelli.com

PENN MUTUAL INSURANCE COMPANY

Name: MELISSA TRIMMER, WC CLAIM MANAGER
Address: PENN MUTUAL INSURANCE COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 380 251 9139
Fax:
Email: mtrimme@nationwide.com

Name: ANGELA DORAN, WC CONSULTANT
Address: PENN MUTUAL INSURANCE COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 614 677 8613
Fax:
Email: stateWC@nationwide.com

PENNSYLVANIA INSURANCE COMPANY

Name: CHRISTINE PICA, CLAIMS MANAGER
Address: A.G. RISK MANAGEMENT
3 BATTERYMARCH PARK
QUINCY MA 02169

Tel: 857 403 1886
Fax: 866 399 7701
Email: cpica@agrminc.com

Name: TRACY WALNISTA, CLAIMS SUPERVISOR
Address: A.G. RISK MANAGEMENT
3 BATTERYMARCH PARK
QUINCY MA 02169

Tel: 857 403 4989
Fax: 866 535 5142
Email: twalnista@agrminc.com

PENNSYLVANIA LUMBERMENS MUTUAL INSURANCE COMPANY

Name: JOE DONNELLY, HR MANAGER
Address: PENNSYLVANIA LUMBERMENS MUTUAL INSURANCE
COMPANY
2005 MARKET STREET

Tel: 267 825 9346
Fax: 215 625 9097
Email: Jdonnelly@plmins.com

Name: DONNA SCARDELLI, HR GENERALIST
Address: PENNSYLVANIA LUMBERMENS MUTUAL INSURANCE
COMPANY
2005 MARKET STREET

Tel: 267 825 9346
Fax: 215 625 9097
Email: dscardelli@plmins.com

PENNSYLVANIA MANUFACTURERS ASSOCIATION INSURANCE COMPANY

Name: MALENIS APONTE-DAVILA, CLAIMS DIRECTOR
Address: PENNSYLVANIA MANUFACTURERS ASSOCIATION
INSURANCE COMPANY
380 SENTRY PARKWAY

Tel: 813 455 0732
Fax: 888 329 2721
Email: MALENIS_APONTE-DAVILA@pmagroup.cor

Name: SUSAN LEVENTIS, ASSISTANT CLAIMS MANAGER
Address: PENNSYLVANIA MANUFACTURERS ASSOCIATION
INSURANCE COMPNAY
380 SENTRY PARKWAY

Tel: 856 727 3128
Fax: 800 432 9762
Email: SUSAN_LEVENTIS@pmagroup.com

PENNSYLVANIA MANUFACTURERS INDEMNITY COMPANY

Name: MALENIS APONTE-DAVILA, CLAIMS DIRECTOR
Address: PENNSYLVANIA MANUFACTURERS INDEMNITY
COMPANY
380 SENTRY PARKWAY

Tel: 813 455 0732
Fax: 888 329 2721
Email: MALENIS_APONTE-DAVILA@pmagroup.cor

Name: SUSAN LEVENTIS, ASSISTANT CLAIMS MANAGER
Address: PENNSYLVANIA MANUFACTURERS INDEMNITY
COMPANY
380 SENTRY PARKWAY

Tel: 856 727 3128
Fax: 800 432 9762
Email: SUSAN_LEVENTIS@PMAGROUP.COM

PENNSYLVANIA NATIONAL MUTUAL CASUALTY COMPANY

Name: NICOLE CARRUTH, WC TEAM LEADER
Address: P.O. BOX 3880
HARRISBURG, PA 17105

Tel: 800 942 9715 ext: 3555
Fax: 877 942 9715
Email: ncarruth@pnat.com

Name: DARLENE FLEISHER, WC TEAM LEADER
Address: P.O. BOX 3880
HARRISBURG, PA 17105

Tel: 800 942 9715 ext: 3572
Fax: 877 942 9715
Email: dfleisher@pnat.com

PETROLEUM CASUALTY COMPANY

Name: LAURIE MCCOY, CLAIM SUPERVISOR
Address: EXXONMOBIL RISK MANAGEMENT
22777 SPRINGWOODS VILLAGE PARKWAY
EMRM/PCC LOC. 105

Tel: 832 624 6693
Fax: 281 298 8394
Email: laurie.h.mccoy@exxonmobile.com

Name: ROBERT BOYER, R05EGIONAL TEAM LEADER - CLAIMS
Address: EXXONMOBIL RISK MANAGEMENT
22777 SPRINGWOODS VILLAGE PARKWAY
EMRM/PCC LOC.

Tel: 832 625 7693
Fax: 281 298 8394
Email: robert.f.boyer@exxonmobil.com

PHARMACISTS MUTUAL INSURANCE COMPANY

Name: KATHLEEN ZILLES, CLAIMS SUPERVISOR
Address: TRISTAR RISK MANAGEMENT
833 CHESTNUT STREET, SUITE 720
PHILADELPHIA, PA 19107

Tel: 814 790 4148
Fax: 215 592 5067
Email: Kathleen.Zilles@tristargroup.net

Name: DANA BRENNAN, CLAIMS SUPERVISOR
Address: TRISTAR RISK MANAGEMENT
833 CHESTNUT STREET, SUITE 720
PHILADELPHIA, PA 19107

Tel: 215 592 5141
Fax: 215 592 5067
Email: Dana.Brennen@tristargroup.net

PHOENIX INSURANCE COMPANY

Name: HELAINE ALEDORT, 2ND VP
Address: THE TRAVELERS COMPANIES, INC
P.O. BOX 4614
BUFFALO NY 14240

Tel: 631 577 7203
Fax: 877 889 8376
Email: haledort@travelers.com

Name: TROY TICE, DIRECTOR OF OPERATIONS
Address: THE TRAVELERS COMPANIES, INC.
445 SOUTH STREET
MORRISTOWN, NJ 07960

Tel: 973 631 3099
Fax: 877 786 5568
Email: ttice@travelers.com

PLATTE RIVER INSURANCE COMPANY

Name: DAVID REGELE, HEAD OF CONTINUOUS CLAIMS IMPROVEMENT
Address: 1600 ASPEN COMMONS
SUITE 300
MIDDLETON WI 53562

Tel: 608 829 4869
Fax: 608 829 7411
Email: dregele@capspecialty.com

Name: MICHELLE BEDARD, SR CLAIMS REPORTING & COMPLIANCE SPECIALIST
Address: 1600 ASPEN COMMONS
SUITE 300
MIDDLETON WI 53562

Tel: 860 494 4938
Fax: 608 829 7411
Email: mbedard@capspecialty.com

PRAETORIAN INSURANCE COMPANY

Name: DANIELLE DOUGHERTY, WC PROJECT UNDERWRITER
Address: GREENSLATE
61 MAIN STREET
NEW YORK NY 13753

Tel: 201 206 1099 ext: 167
Fax:
Email: wcclaims@gsplate.com

Name: KRISTIN PHRANER, WC ASSISTANT
Address: GREENSLATE
61 MAIN STREET
NEW YORK NY 13753

Tel: 212 206 1099 ext: 165
Fax:
Email: wcclaims@gsplate.com

PREFERRED PROFESSIONAL INSURANCE COMPANY

Name: NICHOLE OLSON, DATABASE SPECIALIST
Address: PREFERRED PROFESSIONAL INSURANCE COMPANY
11605 MIRACLE HILLS DRIVE
SUITE 200

Tel: 517 886 8330
Fax: 517 327 2535
Email: nolson@coverys.com

Name:
Address:

Tel:
Fax:
Email:

PRESCIENT NATIONAL INSURANCE COMPANY

Name: JOHN STOEHR, CLAIMS MANAGER
Address: PRESCIENT NATIONAL INSURANCE COMPANY
P.O. BOX 32788
CHARLOTTE NC 28232

Tel: 704 405 9456
Fax: 704 927 2867
Email: claims@prescientnational.com

PRINCETON INSURANCE COMPANY

Name: PHYLLIS GODFREY, WC CLAIM SUPERVISOR
Address: PRINCETON INSURANCE
P.O. BOX 5322
PRINCETON NJ 08543

Tel: 609 452 9404 ext: 135478
Fax: 609 951 5844
Email: Phyllis.godfrey@princetoninsurance.com

Name:
Address:

Tel:
Fax:
Email:

PRINCETON UNIVERSITY

Name: LISA ZIMMARO, ESQ., RISK & INSURANCE MANAGER
Address: P.O. BOX 35
2 NEW SOUTH BLDG.
PRINCETON, NJ 08544

Tel: 609 258 3349
Fax: 609 258 3448
Email: lzimmero@princeton.edu

Name: MEGAN ADAMS, ESQ., ASST. TREASURER
Address: P.O. BOX 35
2 NEW SOUTH BLDG.
PRINCETON NJ 08544

Tel: 609 258 2169
Fax: 609 258 3448
Email: adamsm@princeton.edu

PROCTER & GAMBLE DISTRIBUTING CO.

Name: DENISE MCCLANAHAN, SR. CLAIMS ADJUSTER
Address: 5299 SPRING GROVE AVENUE
CINCINNATI, OH 45217

Tel: 800 235 1134 ext: 2
Fax: 513 627 5314
Email: denise.mcclanahan@cambridge-na.com

Name: CARRIE BOWLING, ADMINISTRATOR
Address: 5299 SPRING GROVE AVENUE
CINCINNATI, OH 45217

Tel: 513 627 7571
Fax: 866 554 0470
Email: bowling.ca@pg.com

PROCTER & GAMBLE MANUFACTURING CO.

Name: DENISE MCCLANAHAN, SENIOR CLAIMS MANAGER
Address: 5299 SPRING GROVE AVENUE
CINCINNATI, OH 45217

Tel: 800 235 1134 ext: 2
Fax: 513 627 5314
Email: denise.mcclanahan@cambridge.com

Name: CARRIE BOWLING, ADMINISTRATOR
Address: 5299 SPRING GROVE AVENUE
CINCINNATI, OH 45217

Tel: 513 627 7571
Fax: 866 554 0470
Email: bowling.ca@pg.com

PROPERTY & CASUALTY COMPANY OF HARTFORD

Name: CHRIS TURNER, CLAIM MANAGER
Address: THE HARTFORD
200 COLONIAL CENTER PKWY
LAKE MARY FL 32746

Tel: 407 562 3665
Fax:
Email: Chris.Turner@thehartford.com

Name: VANESSA MORGAN, CLAIM MANAGER
Address: THE HARTFORD
300 SOUTH STATE STREET
SYRACUSE NY 13202

Tel: 315 385 5249
Fax:
Email: Vanessa.Morgan@thehartford.com

PROTECTIVE INSURANCE COMPANY

Name: LEA LUNDQUIST, VICE PRESIDENT OF WORKERS' COMPENSATION
Address: P.O. BOX 7099
INDIANAPOLIS IN 46207

Tel: 317 429 2688
Fax: 317 429 2669
Email: NOtice@protectiveinsurance.com

Name: STACY DELEE, CLAIMS COMPLIANCE COUNSEL
Address: P.O. BOX 7099
INDIANAPOLIS IN 46207

Tel: 317 452 7350
Fax: 317 429 2623
Email: SDeLee@ProtectiveInsurance.com

PROVIDENCE WASHINGTON INSURANCE COMPANY

Name: DAVID CALANDRO, REGIONAL CLAIM MANAGER
Address: ENSTAR US
150 2ND AVENUE NORTH
3RD FLOOR

Tel: 727 217 2964
Fax: 727 576 3627
Email: david.calandro@enstargroup.com

Name: SANDRA CORLEY, CLAIMS MANAGER
Address: ENSTAR US
P.O. BOX 100239
COLUMBIA SC 29223

Tel: 803 462 7441
Fax: 803 310 7320
Email: sandra.corley@enstargroup.com

PSEG POWER LLC AND SUBSIDIARIES

Name: JIM JORDAN, A.V.P. CLAIMS
Address: PMA COMPANIES
330 FELLOWSHIP ROAD
SUITE 200

Tel: 856 727 3039
Fax: 856 727 3186
Email: jim_jordan@pmagroup.com

PSEG SERVICES CORPORATION

Name: JIM JORDAN, A.V.P. CLAIMS
Address: 330 FELLOWSHIP ROAD
SUITE 200
MT. LAUREL NJ 08054

Tel: 856 727 3039
Fax: 846 727 3186
Email: jim_jordan@pmagroup.com

PUBLIC SERVICE ELECTRIC & GAS CO.

Name: JIM JORDAN, A.V.P. CLAIMS
Address: 330 FELLOWSHIP ROAD
SUITE 200
MT. LAUREL NJ 08084

Tel: 856 727 3039
Fax: 856 727 3186
Email: jim_jordan@pmagroup.com

PUBLIC SERVICE INSURANCE COMPANY

Name: NORMAN ROTHSTEIN, AVP WORKERS COMPENSTATION CLAIMS
Address: ONE PARK AVENUE
NEW YORK CITY NY 10016

Tel: 212 591 9321 ext: 9321
Fax: 212 591 9644
Email: nrothstein@mcarta.com

Name: MICHELE WOODSON, MANAGER
Address: ONE PARK AVENUE
NEW YORK CITY NY 10016

Tel: 212 591 9320
Fax: 212 591 9644
Email: mwoodson@mcarta.com

QBE INSURANCE CORPORATION

Name: DAN RUFENACHT, VP, WORKERS COMPENSATION CLAIMS
Address: QBE AMERICAS, INC.
ONE QBE WAY
SUN PRAIRIE, WI 53596

Tel: 916 505 6113
Fax: 866 251 5389
Email: daniel.rufenacht@us.qbe.com

Name: DAVE PALMER, LEAD CLAIMS COMPLIANCE ANALYST
Address: QBE AMERICAS, INC.
ONE QBE WAY
SUN PRAIRIE WI 53596

Tel: 608 825 5767
Fax: 866 251 5389
Email: david.palmer@us.qbe.com

QUINCY MUTUAL FIRE INSURANCE COMPANY

Name: SUSAN HAMMER, VICE PRESIDENT OF CLAIMS
Address: P.O. BOX 68
NEWTON NJ 07860

Tel: 973 940 1851
Fax: 973 940 1852
Email: shammer@risksolutions.com

Name: ANN MARIE KENDALL, ASSISTANT VICE PRESIDENT OF CLAIMS
Address: 57 WASHINGTON ST.
QUINCY MA 02169

Tel: 617 770 5154
Fax: 800 899 7790
Email: akendall@quincymutual.com

RALPH CLAYTON & SONS AND AFFILIATES

Name: LOIS M. KAPP, MANAGER
Address: RALPH CLAYTON & SONS
1355 CAMPUS PARKWAY
NEPTUNE NJ 07753

Tel: 732 751 7668
Fax: 732 751 7619
Email: LKapp@claytonsonline.com

Name: MARY MCCONNELL, ADMINISTRATIVE SECRETARY
Address: RALPH CLAYTON & SONS
1355 CAMPUS PARKWAY
NEPTUNE NJ 07753

Tel: 732 751 7654
Fax: 732 751 7619
Email: MMcConnell@claytonsonline.com

RAMPART INSURANCE COMPANY

Name: TERRI R WEAVER, SECRETARY
Address: RAMPART INSURANCE COMPANY
1880 JFK BOULEVARD
SUITE 801

Tel: 267 238 0725
Fax: 215 655 1888
Email: tweaver@armourrisk.com

Name: J M DORAN, PRESIDENT
Address: RAMPART INSURANCE COMPANY
1880 JFK BOULEVARD
SUITE 801

Tel: 267 238 0733
Fax: 215 655 1888
Email: mdoran@armourrisk.com

REDWOOD FIRE AND CASUALTY INSURANCE CO

Name: JACOB MILLER, MANAGER
Address: REDWOOD FIRE AND CASUALTY INSURANCE
COMPANY
P.O. BOX 881716

Tel: 402 952 5176
Fax: 415 675 5469
Email: jamiller@bhhc.com

Name: NICOLE ALBRECHT, ASSISTANT DIRECTOR
Address: REDWOOD FIRE AND CASUALTY INSURANCE
COMPANY
P.O. BOX 881716

Tel: 800 661 6029
Fax: 415 675 5469
Email: nalbrecht@bhhc.com

REGENT INSURANCE COMPANY

Name: DAN RUFENACHT, VP-WORKERS COMPENATION CLAIMS
Address: QBE AMERICAS, INC.
ONE QBE WAY
SUN PRAIRIE WI 53596

Tel: 916 505 6113
Fax:
Email: daniel.rufenacht@us.qbe.com

Name: DAVE PALMER, LEAD CLAIMS COMPLIANCE
Address: QBE AMERICAS, INC.
ONE QBE WAY
SUN PRAIRIE WI 53596

Tel: 608 825 5767
Fax:
Email: david.palmer@us.qbe.com

REPUBLIC-FRANKLIN INSURANCE COMPANY

Name: IAN FISHER, SUPERVISOR
Address: REPUBLIC-FRANKLIN INSURANCE COMPANY
P.O. BOX 6610
UTICA NY 13504

Tel: 516 479 5240
Fax: 888 538 2018
Email: ian.fisher@uticanational.com

Name: STEPHEN WILLIAMSON, WC CLAIMS MANAGER
Address: REPUBLIC-FRANKLIN INSURANCE COMPANY
P.O. BOX 6610
UTICA NY 13504

Tel: 315 734 2462
Fax: 888 538 2018
Email: stephen.williamson@uticanational.com

REPWEST INSURANCE COMPANY

Name: RICHARD JAMISON, MANAGER, WORKERS COMP CLAIMS
Address: 2721 N. CENTRAL AVENUE
PHOENIX AZ 85004

Tel: 833 228 0632 ext: 544502
Fax: 000 000 0000
Email: RAJamison@Repwest.com

RESIDENCE INN BY MARRIOTT, INC.

Name: FAITH FRITZ, CLAIMS MANAGER
Address: MARROTT CLAIMS SERVICES - DC
9737 WASHINGTONIAN BLVD., SUITE 201
GAITHERSBURG, MD 20878

Tel: 301 380 0375
Fax: 301 644 8230
Email: Faith.Fritz@Marriott.com

Name: ELIZABETH M. TOTH, SENIOR DIRECTOR
Address: MARRIOTT CLAIMS SERVICES - DC
9737 WASHINGTONIAN BLVD., SUITE 201
GAITHERSBURG, MD 20878

Tel: 301 380 0341
Fax: 301 644 8230
Email: Beth.Toth@Marriott.com

RIVERPORT INSURANCE COMPANY

Name: BRENT FOURNIER, CLAIMS MANAGER
Address: BERKLEY NET UNDERWRITERS
9301 INNOVATION DRIVE
SUITE 200

Tel: 571 298 0972
Fax: 855 395 2518
Email: bfournier@berkeleynet.com

Name: HANNAH HANSON, CLAIMS OPERATIONS SPECIALIST
Address: BERKLEY NET UNDERWRITERS
9301 INNOVATION DRIVE
SUITE 200

Tel: 571 778 6602
Fax: 855 395 2518
Email: hhanson@berkelynet.com

RLI INSURANCE COMPANY

Name: CHRISTINA D. PAGE, CLAIM MANAGER
Address: 9025 N. LINDBERG DRIVE
PEORIA, IL 61615

Tel: 770 754 0100 ext: 2315
Fax: 866 692 6796
Email: Christina.Page@rlicorp.com

ROBERT WOOD JOHNSON UNIV. HOSPITAL

Name: JESSICA BAKALCHUK, SENIOR CLAIMS ADJUSTER
Address: P.O. BOX 309
PISCATAWAY, NJ 08855

Tel: 732 465 7320
Fax: 732 465 7355
Email: JBakalchuk@qualcareinc.com

Name: JUDI BARANOWITZ, BENEFITS MANAGER
Address: 181 SOMERSET STREET
NEW BRUNSWICK, NJ 08901

Tel: 732 937 8811
Fax: 732 937 8774
Email: Judi.Baranowitz@rwjuh.edu

ROCHDALE INSURANCE COMPANY

Name: MELISSA KOVACSY, DIRECTOR
Address: AMTRUST FINANCIAL SERVICES, INC
116 VILLAGE BOULEVARD
SUITE 303

Tel: 609 936 3003
Fax:
Email: melissa.kovacsy@amtrustgroup.com

Name: PATRICIA ROMAN, SENIOR CLAIMS MANAGER
Address: AMTRUST FINANCIAL SERVICES, INC
116 VILLAGE BOULEVARD
SUITE 303

Tel: 201 630 2233
Fax: 678 258 8395
Email: patricia.roman@amtrustgroup.com

ROCKWOOD CASUALTY INSURANCE COMPANY

Name: JACK TIPTON, VP CLAIMS
Address: ROCKWOOD CASUALTY INSURANCE COMPANY
654 MAIN STREET
ROCKWOOD PA 15557

Tel: 223 322 0681
Fax: 814 926 4070
Email: rick.tipton@rockwoodcasualty.com

Name: JILL PECK, CLAIMS MANAGER
Address: ROCKWOOD CASUALTY INSURANCE COMPANY
654 MAIN STREET
ROCKWOOD PA 15557

Tel: 814 233 7116
Fax: 814 926 4070
Email: jill.peck@rockwoodcasualty.com

RWJ BARNABAS HEALTH INC

Name: DAVID MEBANE, EXECUTIVE VICE PRESIDENT & GENERAL COUNSEL
Address: 95 OLD SHORT HILLS ROAD
WEST ORANGE NJ 07052

Tel: 973 322 4042
Fax:
Email: david.mebane@rwjbh.org

Name: CARYL RUSSO, SVP
Address: 101 PROSPECT STREET
SUITE 120
LAKEWOOD NJ 08701

Tel: 732 886 4794
Fax:
Email: caryl.russo@rwjbh.org

SAFECO INSURANCE COMPANY OF AMERICA

Name: DEB GORNEY, CLAIMS ANALYST
Address: P.O. BOX 515097
LOS ANGELES CA 90051

Tel: 720 497 9427
Fax: 888 268 8840
Email: DEBGOR@safeco.com

Name: ERIC BARR, CLAIMS UNIT MANAGER
Address: 120 VANTIS #130
ALISO VIEJO CA 92656

Tel: 949 860 6080
Fax: 888 268 8840
Email: ERIBAR@safeco.com

SAFETY FIRST INSURANCE COMPANY

Name: DANA BAILEY, AVP CLAIMS COMPLIANCE
Address: SAFETY FIRST INSURANCE COMPANY
1832 SCHUETZ ROAD
ST. LOUIS MO 63146

Tel: 314 266 1006
Fax: 314 995 3897
Email: dana.bailey@safetynational.com

Name: BECKY BRYANT, CORPORATE COMPLIANCE ANALYST
Address: SAFETY FIRST INSURANCE COMPANY
1832 SCHUETZ ROAD
ST. LOUIS MO 63146

Tel: 314 696 5783
Fax: 314 995 3897
Email: becky.bryant@safetynational.com

SAFETY NATIONAL CASUALTY CORPORATION

Name: DANA BAILEY, AVP CLAIMS COMPLIANCE
Address: SAFETY NATIONAL CASUALTY CORPORATION
1832 SCHUETZ ROAD
ST. LOUIS MO 63146

Tel: 314 266 1006
Fax: 314 995 3897
Email: dana.bailey@safetynational.com

Name: BECKY BRYANT, CORPORATE COMPLIANCE ANALYST
Address: SAFETY NATIONAL CASUALTY CORPORATION
1832 SCHUETZ ROAD
ST. LOUIS MO 63146

Tel: 314 696 5783
Fax: 314 995 3897
Email: becky.bryant@safetynational.com

SAMSUNG FIRE & MARINE INSURANCE CO LTD

Name: TATIANA SARANDI, SENIOR REGULATORY REPORTING ANALYST
Address: SAMSUNG FIRE AND MARINE INS CO. LTD
5TH FL, 105 CHALLENGER RD
RIDGEFIELD PARK, NJ 07660

Tel: 201 807 6721
Fax: 201 643 2463
Email: compliance.sfmnc@samsung.com

Name: STEPHANIE T KELLY, DIRECTOR, CLAIMS DEPARTMENT
Address: SAMSUNG FIRE AND MARINE INS CO.LTD
5TH FL, 105 CHALLENGER RD,
RIDGEFIELD PARK, NJ 07660

Tel: 201 229 6008
Fax: 201 643 2463
Email: st.kelly@samsung.com

SCOTTSDALE INDEMNITY COMPANY

Name: MELISSA TRIMMER, WC CLAIM MANAGER
Address: SCOTTSDALE INDEMNITY COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 380 251 9139
Fax:
Email: mtrimme@nationwide.com

Name: ANGELA DORAN, WC CONSULTANT
Address: SCOTTSDALE INDEMNITY COMPANY
PO BOX 182079
COLUMBUS OH 43218

Tel: 614 677 8613
Fax:
Email: stateWC@nationwide.com

SELECTIVE CASUALTY INSURANCE COMPANY

Name: LORIE WATERS, REGIONAL CLAIM MANAGER
Address: SELECTIVE INSURANCE COMPANY OF AMERICA
P.O. BOX 7252
LONDON KY 40742

Tel: 704 501 2830
Fax: 877 233 1353
Email: lorie.waters@selective.com

Name: JOHN WINKLER, WC MANAGER
Address: SELECTIVE INSURANCE COMPANY OF AMERICA
P.O. BOX 7252
LONDON KY 40742

Tel: 704 916 1791
Fax: 877 233 1353
Email: john.winkler@selective.com

SELECTIVE FIRE & CASUALTY INSURANCE COMPANY

Name: LORIE WATERS, REGIONAL CLAIM MANAGER
Address: SELECTIVE INSURANCE COMPANY OF AMERICA
P.O. BOX 7252
LONDON KY 40742

Tel: 704 501 2830
Fax: 877 233 1353
Email: lorie.waters@selective.com

Name: JOHN WINKLER, WC MANAGER
Address: SELECTIVE INSURANCE COMPANY OF AMERICA
P.O. BOX 7252
LONDON KY 40742

Tel: 704 916 1791
Fax: 877 233 1353
Email: john.winkler@selective.com

SELECTIVE INSURANCE CO OF NEW ENGLAND

Name: LORIE WATERS, REGIONAL CLAIM MANAGER
Address: SELECTIVE INSURANCE COMPANY OF AMERICA
P.O. BOX 7252
LONDON KY 40742

Tel: 704 501 2830
Fax: 877 233 1353
Email: lorie.waters@selective.com

Name: JOHN WINKLER, WC MANAGER
Address: SELECTIVE INSURANCE COMPANY OF AMERICA
P.O. BOX 7252
LONDON KY 40742

Tel: 704 916 1791
Fax: 877 233 1353
Email: john.winkler@selective.com

SELECTIVE INSURANCE COMPANY OF AMERICA

Name: LORIE WATERS, REGIONAL CLAIM MANAGER
Address: SELECTIVE INSURANCE COMPANY OF AMERICA
P.O. BOX 7252
LONDON KY 40742

Tel: 704 501 2830
Fax: 877 233 1353
Email: lorie.waters@selective.com

Name: JOHN WINKLER, WC MANAGER
Address: SELECTIVE INSURANCE COMPANY OF AMERICA
P.O. BOX 7252
LONDON KY 40742

Tel: 704 916 1791
Fax: 877 233 1353
Email: john.winkler@selective.com

SELECTIVE INSURANCE COMPANY OF NEW YORK

Name: LORIE WATERS, REGIONAL CLAIMS MANAGER
Address: SELECTIVE INSURANCE COMPANY OF AMERICA
P.O. BOX 7252
LONDON KY 40742

Tel: 704 501 2830
Fax: 877 233 1353
Email: lorie.waters@selective.com

Name: JOHN WINKLER, WC MANAGER
Address: SELECTIVE INSURANCE COMPANY OF AMERICA
P.O. BOX 7252
LONDON KY 40742

Tel: 704 916 1791
Fax: 877 233 1353
Email: john.winkler@selective.com

SELECTIVE INSURANCE COMPANY OF SOUTH CAROLINA

Name: LORIE WATERS, REGIONAL CLAIM MANAGER
Address: SELECTIVE INSURANCE COMPANY OF AMERICA
P.O. BOX 7252
LONDON KY 40742

Tel: 704 501 2830
Fax: 877 233 1353
Email: lorie.waters@selective.com

Name: JOHN WINKLER, WC MANAGER
Address: SELECTIVE INSURANCE COMPANY OF AMERICA
P.O. BOX 7252
LONDON KY 40742

Tel: 704 916 1791
Fax: 877 233 1353
Email: john.winkler@selective.com

SELECTIVE INSURANCE COMPANY OF THE SOUTHEAST

Name: LORIE WATERS, REGIONAL CLAIM MANAGER
Address: SELECTIVE INSURANCE COMPANY OF AMERICA
P.O. BOX 7252
LONDON KY 40742

Tel: 704 501 2830
Fax: 877 233 1353
Email: lorie.waters@selective.com

Name: JOHN WINKLER, WC MANAGER
Address: SELECTIVE INSURANCE COMPANY OF AMERICA
P.O. BOX 7252
LONDON KY 40742

Tel: 704 916 1791
Fax: 877 233 1353
Email: john.winkler@selective.com

SELECTIVE WAY INSURANCE COMPANY

Name: LORIE WATERS, REGIONAL CLAIM MANAGER
Address: SELECTIVE INSURANCE COMPANY OF AMERICA
P.O. BOX 7252
LONDON KY 40742

Tel: 704 501 2830
Fax: 877 233 1353
Email: lorie.waters@selective.com

Name: JOHN WINKLER, WC MANAGER
Address: SELECTIVE INSURANCE COMPANY OF AMERICA
P.O. BOX 7252
LONDON KY 40742

Tel: 704 916 1791
Fax: 877 233 1353
Email: john.winkler@selective.com

SENTINEL INSURANCE COMPANY LTD

Name: MIKE HEBBARD, CLAIM MANAGER
Address: THE HARTFORD
200 COLONIAL CENTER PKWY
LAKE MARY FL 32746

Tel: 315 385 5567
Fax:
Email: michael.hebbard@thehartford.com

Name: KARI DEMONT, CLAIM MANAGER
Address: THE HARTFORD
200 COLONIAL CENTER PKWY
LAKE MARY FL 32746

Tel: 407 562 3608
Fax:
Email: Kari.DeMont@thehartford.com

SENTRY CASUALTY COMPANY

Name: JOAN KLOPF, CLAIMS MANAGER
Address: SENTRY CASUALTY COMPANY
TWO TECHNOLOGY PARK DRIVE
WESTFORD MA 01886

Tel: 978 392 7152
Fax: 978 392 7137
Email: joan.klopf@sentry.com

Name: KARRI ERBES, CLAIMS MANAGER
Address: SENTRY CASUALTY COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT, WI 54481

Tel: 715 346 9311
Fax: 715 346 9708
Email: karri.erbes@sentry.com

SENTRY INSURANCE COMPANY

Name: JOAN KLOPF, CLAIMS MANAGER
Address: TWO TECHNOLOGY PARK DRIVE
WESTFORD MA 01886

Tel: 978 392 7152
Fax: 978 392 7137
Email: joan.klopf@sentry.com

Name: KARRI ERBES, CLAIMS MANAGER
Address: SENTRY INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVEN POINT WI 54481

Tel: 715 346 9311
Fax: 715 346 9708
Email: karri.erbes@sentry.com

SENTRY SELECT INSURANCE COMPANY

Name: JOAN KLOPF, CLAIMS MANAGER
Address: SENTRY SELECT INSURANCE COMPANY
TWO TECHNOLOGY PARK DRIVE
WESTFORD MA 01866

Tel: 978 392 7152
Fax: 978 392 7137
Email: joan.klopf@sentry.com

Name: KARRI ERBES, CLAIMS MANAGER
Address: SENTRY SELECT INSURANCE COMPANY
1800 NORTH POINT DRIVE
STEVENS POINT WI 54481

Tel: 715 346 9311
Fax: 715 346 9708
Email: karri.erbes@sentry.com

SERVICE AMERICAN INDEMNITY COMPANY

Name: TERRY ELIASSEN, VICE PRESIDENT - CLAIMS
Address: SERVICE AMERICAN INDEMNITY COMPANY
6907 N. CAPITAL OF TEXAS HIGHWAY
AUSTIN TX 78731

Tel: 512 637 3166
Fax:
Email: terry.eliasen@servicelloyds.com

Name: KIMOTHY DIXON, QUALITY REVIEW AND COMPLIANCE SUPERVISOR
Address: SERVICE AMERICAN INDEMNITY COMPANY
6907 N. CAPITAL OF TEXAS HIGHWAY
AUSTIN TX 78731

Tel: 512 637 3717
Fax:
Email: kimothy.dixon@servicelloyds.com

SHERWIN-WILLIAMS CO.

Name: ANTHONY J COLANGELO, MANAGER
Address: 101 PROSPECT AVENUE N.W.
CLEVELAND OH 44115

Tel: 216 566 3095
Fax: 216 566 1745
Email: ajcolangelo@sherwin.com

Name: MATT FLYNN, ANALYST & SAFETY
Address: 101 PROSPECT AVENUE N.W.
CLEVELAND OH 44115

Tel: 216 566 3717
Fax: 216 830 0661
Email: matt.g.flynn@sherwin.com

SHORE MEMORIAL HOSPITAL

Name: KATHLEEN T NUNZI, BENEFITS ADMINISTRATOR
Address: SHORE ROAD & NEW YORK AVENUE
SOMERS POINT NJ 08244

Tel: 609 653 4533
Fax: 609 601 6354
Email: knunzi@shorememorial.com

Name: MICHAEL SALERNO, ADMINISTRATOR
Address: 330 MILLTOWN ROAD
SUITE E-11
EAST BRUNSWICK NJ 08816

Tel: 732 613 1600
Fax: 732 613 9328
Email: mikesal226@aol.com

SIMON & SCHUSTER, INC.

Name: STEPHANIE GROSSBERG, DIRECTOR-RISK MANAGEMENT
Address: 51 W. 52ND STREET
NEW YORK NY 10019

Tel: 212 975 8971
Fax: 212 597 4163
Email: stephanie.grossberg@cbs.com

Name: DAVID RICHARDSON, VICE PRESIDENT CLAIMS
Address: ONE UNION PLAZA
NEW LONDON CT 06320

Tel: 860 447 0048
Fax: 860 442 0076
Email: drichardson@murphybeane.com

SOMPO JAPAN INSURANCE COMPANY OF AMERICA

Name: MIKE SPRAGUE, ASSISTANT MANAGER OF CLAIMS
Address: 2 WORLD FINANCIAL CENTER 43RD FL.
225 LIBERTY STREET
NEW YORK NY 10281

Tel: 212 416 1336
Fax: 212 416 1283
Email: msprague@sompo-japan-us.com

Name: SANDRA BARRETT, TEAM MANAGER
Address: 100 PASSAIC AVENUE
SUITE 104
FAIRFIELD NJ 07004

Tel: 973 439 6734
Fax: 973 227 5746
Email: sandra.barrett@choosebroadspire.com

ST. PAUL FIRE & MARINE INSURANCE COMPANY

Name: HELAINE ALEDORT, 2ND VP
Address: THE TRAVELERS COMPANIES INC.
P.O. BOX 4614
BUFFALO NY 14240

Tel: 631 577 7203
Fax: 877 889 8376
Email: haledort@travelers.com

Name: TROY TICE, DIRECTOR OF OPERATIONS
Address: THE TRAVELERS COMPANIES INC.
445 SOUTH STREET
MORRISTOWN, NJ 07950

Tel: 973 631 3099
Fax: 877 786 5568
Email: ttice@travelers.com

ST. PAUL MERCURY INSURANCE COMPANY

Name: HELAINE ALEDORT, 2ND VP
Address: THE TRAVELERS COMPANIES INC.
P.O. BOX 4614
BUFFALO NY 14240

Tel: 631 577 7203
Fax: 877 889 8376
Email: haledort@travelers.com

Name: TROY TICE, DIRECTOR OF OPERATIONS
Address: THE TRAVELERS COMPANIES
445 SOUTH STREET
MORRISTOWN, NJ 07960

Tel: 973 631 3099
Fax: 877 786 5568
Email: ttice@travelers.com

ST. PAUL PROTECTIVE INSURANCE COMPANY

Name: TROY TICE, DIRECTOR
Address: THE TRAVELERS COMPANIES INC.
445 SOUTH STREET
MORRISTOWN NJ 07950

Tel: 973 631 3099
Fax: 877 786 5568
Email: ttice@travelers.com

Name: HELAINE ALEDORT, 2ND VP
Address: THE TRAVELERS COMPANIES, INC.
P.O. BOX 4614
BUFFALO NY 14240

Tel: 631 577 7203
Fax: 877 889 8376
Email: haledort@travelers.com

ST. PETERS UNIVERSITY HOSPITAL

Name: DIANE SPECTOR, MANAGER-EMPLOYER HEALTH SERVICES
Address: 254 EASTON AVENUE
NEW BRUNSWICK NJ 08901

Tel: 732 745 8600 ext: 8907
Fax: 732 220 8564
Email: dspector@saintpetersuh.com

Name: JANET HUNTER-WILSON, DIRECTOR COMPENSATION & BENEFITS
Address: 254 EASTON AVENUE
NEW BRUNSWICK NJ 08901

Tel: 732 745 8600
Fax: 732 220 8046
Email: jhunter@saintpetersuh.com

STANDARD FIRE INSURANCE COMPANY

Name: HELAINE ALEDORT, 2ND VP
Address: THE TRAVELERS COMPANIES INC.
P.O. BOX 4614
BUFFALO NY 14240

Tel: 631 577 7203
Fax: 877 889 8376
Email: haledort@travelers.com

Name: TROY TICE, DIRECTOR OF OPERATIONS
Address: THE TRAVELERS COMPANIES INC.
445 SOUTH STREET
MORRISTOWN, NJ 07960

Tel: 973 631 3063
Fax: 877 786 5568
Email: ttice@travelers.com

STAR INSURANCE COMPANY

Name: JOSEPH SGRO, VICE PRESIDENT OF CLAIMS
Address: MEADOWBROOK INC
26255 AMERICAN DRIVE
SOUTHFIELD MI 48034

Tel: 248 358 1100
Fax: 855 858 8187
Email: joseph.sgro@ameritrustgroup.com

Name: TEMEKA HICKS, CLAIMS SUPERVISOR
Address: MEADOWBROOK INC
26255 AMERICAN DRIVE
SOUTHFIELD MI 48034

Tel: 248 358 1100
Fax: 855 858 8187
Email: temeka.hicks@ameritrustgroup.com

STAR SPECIALTY INSURANCE COMPANY

Name: ADILLIA BANNIS, MANAGER
Address: 399 PARK AVENUE
FLOOR 3
NEW YORK CITY NY 10022

Tel: 855 782 7725
Fax: 646 786 3950
Email: WCClaims@starrcompanies.com

Name: CHIBUTAUZO EZE, CLAIMS ADMIN SUPPORT SPECIALIST
Address: 399 PARK AVENUE
FLOOR 3
NEW YORK CITY NY 10022

Tel: 855 782 7725
Fax: 646 786 3950
Email: WCClaims@starrcompanies.com

STARNET INSURANCE COMPANY

Name: BRENT FOURNIER, CLAIMS MANAGER
Address: BERKLEY NET UNDERWRITERS
9301 INNOVATION DRIVE
SUITE 200

Tel: 571 298 0972
Fax: 855 395 2518
Email: bfournier@berkleynet.com

Name: HANNAH HANSON, CLAIMS OPERATIONS SPECIALIST
Address: BERKLEY NET UNDERWRITERS
9301 INNOVATION DRIVE
SUITE 200

Tel: 571 778 6602
Fax: 855 395 2518
Email: hhanson@berkleynet.com

STARR INDEMNITY AND LIABILITY COMPANY

Name: DONNA BUKER, VP WC CLAIMS
Address: STARR INDEMNITY & LIABILITY COMPANY
1601 MARKET STREET, SUITE 1800
PHILADELPHIA PA 19103

Tel: 215 399 2905
Fax:
Email: donna.buker@starrcompanies.com

Name: MIRIAM ELLIOTT, AVP WC CLAIMS
Address: STARR INDEMNITY & LIABILITY COMPANY
399 PARK AVENUE
NEW YORK CITY NY 10022

Tel: 646 227 6563
Fax:
Email: miriam.elliott@starrcompanies.com

STARSTONE NATIONAL INSURANCE CO

Name: ASHLEY TOTH, WC CLAIMS MANAGER
Address: CORE SPECIALTY INSURANCE
201 E. FIFTH STREET
SUITE 1200

Tel: 732 612 9406
Fax: 513 599 7501
Email: ashley.toth@corespecialty.com

Name: JOHN REITWIESNER, HEAD OF CLAIMS
Address: CORE SPECIALTY INSURANCE
201 E. FIFTH STREET
SUITE 1200

Tel: 201 479 3264
Fax: 513 599 7501
Email: john.reitwiesner@corespecialty.com

STATE AUTO PROPERTY & CASUALTY INSURANCE CO

Name: SUSAN PILON, WC CLAIM MANAGER
Address: STATE AUTO INSURANCE COMPANIES
P.O. BOX 182617
COLUMBUS OH 43218

Tel: 952 893 3774
Fax: 800 563 3364
Email: susan.pilon@libertymutual.com

Name: MICHAEL SCHNEIDER, CLAIMS TEAM MANAGER
Address: STATE AUTO INSURANCE COMPANIES
P.O. BOX 182617
COLUMBUS OH 43218

Tel: 952 893 3774
Fax: 800 563 3364
Email: michael.schneider@libertymutual.com

STATE AUTOMOBILE MUTUAL INSURANCE CO

Name: SUSAN PILON, WC CLAIM MANAGER
Address: STATE AUTO INSURANCE COMPANIES
P.O. BOX 182617
COLUMBUS OH 43218

Tel: 952 897 5543
Fax: 800 563 3364
Email: susan.pilon@libertymutual.com

Name: MICHAEL SCHNEIDER, CLAIMS TEAM MANAGER
Address: STATE AUTO MUTUAL INSURANCE COMPANIES
P.O. BOX 182617
COLUMBUS OH 43218

Tel: 952 893 3774
Fax: 800 563 3364
Email: michael.schneider@libertymutual.com

STATE FARM FIRE & CASUALTY COMPANY

Name: ANTHONY LEEPER, CLAIM TEAM MANAGER
Address: 1 STATE FARM DR
CONCORDVILLE PA 19339

Tel: 610 358 7683
Fax: 610 358 8528
Email: anthony.leeper.g2vy@statefarm.com

Name: JOHN BURLING, CLAIM TEAM MANAGER
Address: 1 STATE FARM DR
CONCORDVILLE PA 19339

Tel: 610 358 7292
Fax: 610 358 8528
Email: john.burling.c87n@statefarm.com

STATE NATIONAL INSURANCE COMPANY INC

Name: DIANNA CORDOVA, SENIOR COMPLIANCE ANALYST
Address: NATIONAL SPECIALTY INSURANCE COMPANY
1900 L. DON DODSON DRIVE
BEDFORD, TX 76021

Tel: 800 877 4567
Fax: 877 295 3081
Email: WorkComp@StateNational.com

Name: MONICA MCKENZIE, COMPLIANCE MANAGER
Address: NATIONAL SPECIALTY INSURANCE COMPANY
1900 L DON DODSON DRIVE
BEDFORD, TX 76021

Tel: 800 877 4567
Fax: 877 290 3081
Email: WorkComp@StateNational.com

STONINGTON INSURANCE COMPANY

Name: DAN RUFENACHT, VP-WORKERS' COMPENSATION CLAIMS
Address: QBE AMERICAS, INC
ONE QBE WAY
SUN PRAIRIE WI 53596

Tel: 916 505 6113
Fax:
Email: daniel.rufenacht@us.qbe.com

Name: DAVE PALMER, LEAD CLAIMS COMPLIANCE ANALYST
Address: QBE AMERICAS, INC.
ONE QBE WAY
SUN PRAIRIE WI 53596

Tel: 608 825 5767
Fax:
Email: david.palmer@us.qbe.com

STRATHMORE INSURANCE COMPANY

Name: JAMES M PRIMAMORE, VP CLAIMS
Address: STRATHMORE INSURANCE CO
333 THORNALL STREET
9TH FLOOR

Tel: 732 238 6300 ext: 284
Fax: 732 238 0355
Email: jprimamore@gny.com

Name: SUSAN CICCOLELLA, CLAIMS EXAMINER
Address: STRATHMORE INSURANCE CO
333 THORNALL STREET
9TH FLOOR

Tel: 732 238 6300 ext: 288
Fax: 732 238 0355
Email: sciccolella@gny.com

SUEZ WATER NEW JERSEY INC

Name: PAUL SOKOL, DIRECTOR - INSURANCE
Address: 200 OLD HOOK ROAD
HARRINGTON PARK, NJ 07640

Tel: 201 767 2898
Fax: 201 767 2839
Email: Paul.Sokol@Unitedwater.com

SUTTON NATIONAL INSURANCE

Name: RICK PATTAVINA, VP OF CLAIMS
Address: SUTTON NATIONAL INSURANCE
1855 GRIFFIN ROAD
SUITE B-390

Tel: 888 846 4238
Fax: 305 397 2138
Email: rpattavina@suttonnational.com

SYNERGY INSURANCE COMPANY

Name: JENNIFER STELIKA, SYNERGY CLAIMS MANAGEMENT COMPANY
Address: P.O. BOX 332
30 EAST STATE STREET
SHARON PA 16146

Tel: 724 704 7066
Fax: 724 704 7061
Email: jstelika@synergyinsurance.com

Name: REBECCA KERR, CLAIMS DEPARTMENT TEAM LEAD
Address: SYNERGY CLAIMS MANAGEMENT COMPANY
P.O. BOX 332
30 EAST STATE STREET

Tel: 724 704 7038
Fax: 727 704 7061
Email: rkerr@synergyinsurance.com

T H E INSURANCE COMPANY

Name: STEVEN CANNON, CLAIM MANAGER
Address: 2540 ROUTE 130
CRANBURY NJ 08512

Tel: 609 495 0312
Fax: 609 495 9048
Email: steven.cannon@REMLTD.com

Name: STEPANIE JAMES, CLAIM SUPERVISORQ
Address: 2540 ROUTE 130
CRANBURY NJ 08512

Tel: 570 420 8247
Fax: 570 420 3248
Email: stephanie.james@REMLTD.com

TARGET CORPORATION

Name: MARCIA OSBORN, CLAIMS TEAM LEAD
Address: SEDGWICK
P.O. BOX 14491
LEXINGTON, KY 40512

Tel: 410 773 4258
Fax: 410 773 4221
Email: Marcia.Osborn@Sedgwickcms.com

Name: JANET COHEN, CLAIMS TEAM LEAD - ASST.
Address: SEDGWICK
P.O. BOX 14491
LEXINGTON, KY 40512

Tel: 410 773 4258
Fax: 410 773 4221
Email: Janet.Cohen@Sedgwickcms.com

TECHNOLOGY INSURANCE COMPANY INC

Name: MELISSA KOVACSY, DIRECTOR
Address: AMTRUST FINANCIAL SERVICES, INC
116 VILLAGE BOULEVARD
SUITE 303

Tel: 609 936 3003
Fax: 678 258 8395
Email: melissa.kovacsy@amtrustgroup.com

Name: PATRICIA ROMAN, SENIOR CLAIMS MANAGER
Address: AMTRUST FINANCIAL SERVICES, INC
116 VILLAGE BOULEVARD
SUITE 303

Tel: 201 630 2233
Fax: 678 258 8395
Email: patricia.roman@amtrustgroup.com

THE HANOVER AMERICA INSURANCE COMPANY

Name: KERRI HOLLENKAMP, UNIT MANAGER, WC
Address: THE HANOVER INSURANCE GROUP
PO BOX 15144
440 LINCOLN STREET

Tel: 508 855 9314
Fax: 508 926 5660
Email: khollenkamp@hanover.com

Name: MAUREEN OCONNOR, UNIT MANAGER, WC
Address: THE HANOVER INSURANCE GROUP
PO BOX 15144
440 LINCOLN STREET

Tel: 508 855 5184
Fax: 508 926 1952
Email: ma1oconnor@hanover.com

THE HANOVER INSURANCE COMPANY

Name: KERRI HOLLENKAMP, UNIT MANAGER, WC
Address: THE HANOVER INSURANCE GROUP
PO BOX 15144
440 LINCOLN STREET

Tel: 508 855 9314
Fax: 508 926 5660
Email: khollenkamp@hanover.com

Name: MAUREEN OCONNOR, UNIT MANAGER, WC
Address: THE HANOVER INSURANCE GROUP
PO BOX 15144
440 LINCOLN STREET

Tel: 508 855 5184
Fax: 508 926 1952
Email: ma1oconnor@hanover.com

THE PIE INSURANCE COMPANY

Name: JOEL TOKIN, MANAGER, CLAIMS - WORKERS' COMPENSATION
Address: THE PIE INSURANCE COMPANY
1755 BLAKE STREET
5TH FLOOR

Tel: 202 991 8818
Fax:
Email: joel.tokin@pieinsurance.com

Name: NICHOLAS RHYDE, TEAM LEAD, CLAIMS-WORKERS COMPENSATION
Address: THE PIE INSURANCE COMPANY
1755 BLAKE STREET
5TH FLOOR

Tel: 720 743 2434
Fax:
Email: nicholas.rhyde@pieinsurance.com

TIG INSURANCE COMPANY

Name: STEVE ADAMS, VICE PRESIDENT, CLAIMS
Address: THE ZENITH
21255 CALIFA STREET
WOODLAND HILLS CA 91367

Tel: 619 207 9785
Fax: 818 710 1860
Email: sadams@thezenith.com

Name: SUSAN EDDY, SUPERVISOR, CLAIMS
Address: THE ZENITH
3 PARK PLACE
DUBLIN CA 94568

Tel: 925 872 0592
Fax: 925 463 1864
Email: seddy@thezenith.com

TNUS INSURANCE COMPANY

Name: ROBERT C. HUBBUCH, SENIOR MANAGER
Address: 230 PARK AVENUE
NEW YORK, NY 10169

Tel: 212 297 6942
Fax: 212 297 6692
Email: robert.hubbuch@tokiom.com

Name: TYESHA LOWE, WC CLAIMS SUPERVISOR
Address: 230 PARK AVENUE
NEW YORK, NY 10169

Tel: 212 297 6606
Fax: 212 297 6692
Email: tyesha.lowe@tokiom.com

TOKIO MARINE AMERICA INSURANCE CO

Name: ROBERT C. HUBBUCH, SENIOR MANAGER
Address: 230 PARK AVENUE
NEW YORK, NY 10169

Tel: 212 297 6942
Fax: 212 297 6692
Email: robert.hubbuch@tokiom.com

Name: TYESHA LOWE, WC CLAIMS SUPERVISOR
Address: 230 PARK AVENUE
NEW YORK, NY 10169

Tel: 212 297 6606
Fax: 212 297 6692
Email: tyesha.lowe@tokiom.com

TOWNEPLACE MANAGEMENT CORPORATION

Name: FAITH FRITZ, CLAIMS MANAGER
Address: 9737 WASHINGTONIAN BLVD., SUITE 201
GAITHERSBURG, MD 20878

Tel: 301 380 0375
Fax: 301 644 8230
Email: Faith.Fritz@Marriott.com

Name: ELIZABETH TOTH, SENIOR DIRECTOR
Address: MARRIOTT CLAIMS SERVICES - DC
9737 WASHINGTONIAN BLVD., SUITE 201
GAITHERSBURG, MD 20878

Tel: 301 380 0341
Fax: 301 644 8230
Email: Beth.Toth@Marriott.com

TRANS PACIFIC INSURANCE COMPANY

Name: ROBERT C. HUBBUCH, SENIOR MANAGER
Address: 230 PARK AVENUE
NEW YORK, NY 10169

Tel: 212 297 6942
Fax: 212 297 6692
Email: robert.hubbuch@tokiom.com

Name: TYESHA LOWE, WC CLAIMS SUPERVISOR
Address: 230 PARK AVENUE
NEW YORK, NY 10169

Tel: 212 297 6606
Fax: 212 297 6692
Email: tyesha.lowe@tokiom.com

TRANSGUARD INSURANCE COMPANY OF AMERICA INC

Name: CASSANDRA GOMEZ, MANAGER, WC/OCAC
Address: IAT/TRANSGUARD INSURANCE COMPANY
215 SHUMAN BLVD.
#400

Tel: 630 864 3450
Fax: 630 864 3305
Email: cassandra.gomez@iatinsurance.com

Name: DAVID JIMENEZ, AVP CLAIMS
Address: IAT/TRANSGUARD INSURANCE COMPANY
215 SHUMAN BLVD
#400

Tel: 630 864 3525
Fax: 630 864 3344
Email: david.jimenz@iatinsurance.com

TRANSPORT INSURANCE COMPANY

Name: JOHN FISCHER, ASST. TREASURER
Address: 2 CENTRAL SQUARE
CAMBRIDGE, MA 02139

Tel: 617 234 3801
Fax: 617 234 3899
Email: john.fischer@cavellamerica.com

Name: FRANK GERACE, ACCOUNTING/REGULATORY FILINGS
Address: 2 CENTRAL SQUARE
CAMBRIDGE, MA 02139

Tel: 617 234 3804
Fax: 617 234 3899
Email: frank.gerace@cavellamerica.com

TRANSPORTATION INSURANCE COMPANY

Name: KEVIN ZACCHIA, ASSISTANT VICE PRESIDENT
Address: 5786 WIDEWATERS
DEWITT NY 13214

Tel: 315 431 6752
Fax: 714 256 7905
Email: Kevin.Zacchia@cna.com

Name: TAMMY SOWERS, WORKERS' COMPENSATION CLAIM MANAGER
Address: ONE MERIDIAN BOULEVARD
WYOMISSING PA 19610

Tel: 610 320 4410
Fax: 877 371 5122
Email: Tammy.Somers@cna.com

TRAVELERS CASUALTY & SURETY COMPANY

Name: TROY TICE, DIRECTOR
Address: THE TRAVLERS COMPANIES, INC.
445 SOUTH STREET
MORRISTOWN NJ 07950

Tel: 973 631 3099
Fax: 877 786 5568
Email: ttice@travelers.com

Name: HELAINE ALEDORT, 2ND VP
Address: THE TRAVELERS COMPANIES, INC
P.O. BOX 4614
BUFFALO NY 14240

Tel: 631 577 7203
Fax: 877 889 8376
Email: haledort@travelers.com

TRAVELERS CASUALTY & SURETY COMPANY OF AMERICA

Name: TROY TICE, DIRECTOR
Address: THE TRAVELERS COMPANIES INC.
445 SOUTH STREET
MORRISTOWN NJ 07950

Tel: 973 631 3099
Fax: 877 786 5568
Email: ttice@travelers.com

Name: HELAINE ALEDORT, 2ND VP
Address: THE TRAVELERS COMPANIES INC
P.O. BOX 4614
BUFFALO NY 14240

Tel: 631 577 7203
Fax: 877 889 8376
Email: haledort@travelers.com

TRAVELERS CASUALTY COMPANY OF CONNECTICUT

Name: TROY TICE, DIRECTOR
Address: THE TRAVELERS COMPANIES, INC.
445 SOUTH STREET
MORRISTOWN NJ 07950

Tel: 973 631 3099
Fax: 877 786 5568
Email: ttice@travelers.com

Name: HELAINE ALEDORT, 2ND VP
Address: THE TRAVELERS COMPANIES, INC.
P.O. BOX 4614
BUFFALO NY 14240

Tel: 631 577 7203
Fax: 877 889 8376
Email: haledort@travelers.com

TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

Name: TROY TICE, DIRECTOR
Address: THE TRAVELERS COMPANIES, INC.
445 SOUTH STREET
MORRISTOWN NJ 07950

Tel: 973 631 3099
Fax: 877 786 5568
Email: ttice@travelers.com

Name: HELAINE ALEDORT, 2ND VP
Address: THE TRAVELERS COMPANIES, INC.
P.O. BOX 4614
BUFFALO NY 14240

Tel: 631 577 7203
Fax: 877 889 8376
Email: haledort@travelers.com

TRAVELERS COMMERCIAL CASUALTY COMPANY

Name: TROY TICE, DIRECTOR
Address: THE TRAVELERS COMPANIES INC.
445 SOUTH STREET
MORRISTOWN NJ 07950

Tel: 973 631 3099
Fax: 877 786 5568
Email: ttice@travelers.com

Name: HELAINE ALEDORT, 2ND VP
Address: THE TRAVELERS COMPANIES INC.
P.O. BOX 4614
BUFFALO NY 14240

Tel: 631 577 7203
Fax: 877 889 8376
Email: haledort@travelers.com

TRAVELERS CONSTITUTION STATE INSURANCE COMPANY

Name: TROY TICE, DIRECTOR
Address: THE TRAVELERS COMPANIES, INC.
445 SOUTH STREET
MORRISTOWN NJ 07950

Tel: 973 631 3099
Fax: 877 786 5568
Email: ttice@travelers.com

Name: HELAINE ALEDORT, 2ND VP
Address: THE TRAVELERS COMPANIES, INC.
P.O. BOX 4614
BUFFALO NY 14240

Tel: 631 577 7203
Fax: 877 889 8376
Email: haledort@travelers.com

TRAVELERS INDEMNITY COMPANY

Name: TROY TICE, DIRECTOR
Address: THE TRAVELERS COMPANIES, INC.
445 SOUTH STREET
MORRISTOWN NJ 07950

Tel: 973 631 3099
Fax: 877 786 5568
Email: ttice@travelers.com

Name: HELAINE ALEDORT, 2ND VP
Address: THE TRAVELERS COMPANIES, INC.
P.O. BOX 4614
BUFFALO NY 14240

Tel: 631 577 7203
Fax: 877 889 8376
Email: haledort@travelers.com

TRAVELERS INDEMNITY COMPANY OF AMERICA

Name: MARGARET MUIR-O'CONNOR, FIELD PRODUCT LINE MANAGER
Address: 445 SOUTH STREET
MORRISTOWN, NJ 07960

Tel: 973 631 3063
Fax: 877 786 5568
Email: MMUIROCO@travelers.com

Name: TROY TICE, DIRECTOR OF OPERATIONS
Address: 445 SOUTH STREET
MORRISTOWN, NJ 07960

Tel: 973 631 3099
Fax: 877 786 5568
Email: ttice@travelers.com

TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

Name: TROY TICE, DIRECTOR
Address: THE TRAVELERS COMPANIES, INC.
445 SOUTH STREET
MORRISTOWN NJ 07950

Tel: 973 631 3099
Fax: 877 786 5568
Email: ttice@travelers.com

Name: HELAINE ALEDORT, 2ND VP
Address: THE TRAVELERS COMPANIES, INC.
P.O. BOX 4614
BUFFALO NY 14240

Tel: 631 577 7203
Fax: 877 889 8376
Email: haledort@travelers.com

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

Name: TROY TICE, DIRECTOR
Address: THE TRAVELERS COMPANIES, INC.
445 SOUTH STREET
MORRISTOWN NJ 07950

Tel: 973 631 3099
Fax: 877 786 5568
Email: ttice@travelers.com

Name: HELAINE ALEDORT, 2ND VP
Address: THE TRAVELERS COMPANIES, INC.
P.O. BOX 4614
BUFFALO NY 14240

Tel: 631 577 7203
Fax: 877 889 8376
Email: haledort@travelers.com

TRENTON, RC DIOCESE OF

Name: JOSEPH BIANCHI, SPHR, DIRECTOR OF ADMINISTRATIVE SERVICES
Address: 701 LAWRENCEVILLE ROAD
TRENTON, NJ 08638

Tel: 609 406 7400
Fax: 609 406 7450
Email: jbianc@dioceseoftrenton.org

Name: ANGELINA CANNADY, ADMINISTRATIVE ASSISTANT
Address: 701 LAWRENCEVILLE ROAD
TRENTON, NJ 08638

Tel: 609 406 7400
Fax: 609 406 7450
Email: acanna@dioceseoftrenton.org

TRI-STATE INSURANCE CO OF MINNESOTA

Name: MELISSA RIEFENHAUSER, COMPLIANCE COORDINATOR
Address: W R BERKLEY
2445 KUSER ROAD
SUITE 201

Tel: 609 584 4575
Fax: 609 588 5770
Email: mriefenhauser@wrberkley.com

Name: SUZANNE SCELZA, VICE PRESIDENT, REGULATORY COMPLIANCE
Address: W R BERKLEY
2445 KUSER ROAD
SUITE 201

Tel: 609 689 6648
Fax:
Email: sscelza@wrberkley.com

TRINITAS REGIONAL MEDICAL

Name: PATRICIA THIEL, DIRECTOR
Address: 225 WILLIAMSON STREET
ELIZABETH, NJ 07202

Tel: 908 994 5378
Fax: 908 994 5623
Email: pthiel@trinitas.org

Name: RHONDA HARTLEY, R.N.
Address: 225 WILLIAMSON STREET
ELIZABETH, NJ 07202

Tel: 908 994 5726
Fax: 908 994 5623
Email: rhartley@trinitas.org

TRUCK INSURANCE EXCHANGE

Name: MATTHEW BLUM, WORKERS' COMPENSATION CLAIMS MANAGER
Address: FARMERS INSURANCE COMPANY
24000 N FARMERS WAY
PHOENIX AZ 85085

Tel: 602 635 5512
Fax: 877 217 1389
Email: matthew.blum@farmersinsurance.com

Name: LAUREN ROLATER, WORKERS' COMPENSATION COMPLIANCE LIAISON
Address: FARMERS INSURANCE COMPANY
15700 LONG VISTA DRIVE
AUSTIN TX 78728

Tel: 512 533 8789
Fax: 512 533 8398
Email: lauren.rolater@farmersinsurance.com

TRUMBULL INSURANCE COMPANY

Name: MIKE HEBBARD, CLAIM MANAGER
Address: THE HARTFORD
200 COLONIAL CENTER PKWY
LAKE MARY FL 32746

Tel: 315 385 5567
Fax: 8376
Email: michael.hebbard@thehartford.com

Name: KARI DEMONT, CLAIM MANAGER
Address: THE HARTFORD
200 COLONIAL CENTER PKWY
LAKE MARY FL 32746

Tel: 407 562 3608
Fax:
Email: Kari.DeMont@thehartford.com

TWIN CITY FIRE INSURANCE COMPANY

Name: MIKE HEBBARD, CLAIM MANAGER
Address: 200 COLONIAL CENTER PKWY
LAKE MARY FL 32746

Tel: 315 385 5567
Fax:
Email: michael.hebbard@thehartford.com

Name: KARI DEMONT, CLAIM MANAGER
Address: THE HARTFORD
200 COLONIAL CENTER PKWY

Tel: 407 562 3608
Fax:
Email: Kari.DeMont@thehartford.com

UNION INSURANCE COMPANY

Name: KIMBERLY MOORE, WC CLAIMS MANAGER
Address: BERKLEY MID-ATLANTIC GROUP
4820 LAKE BROOK DRIVE
SUITE 300

Tel: 804 237 5189
Fax:
Email: kmoore@wrbmag.com

Name: KAROLINE SANDS, COUNSEL
Address: ACADIA INSURANCE GROUP
ONE ACADIA COMMONS
WESTBROOK ME 04092

Tel: 207 228 1932
Fax:
Email: karoline.sands@acadia-ins.com

UNITED STATES FIRE INSURANCE CO

Name: MARLENE COBAR, WC MANAGER
Address: UNITED STATES FIRE INSURANCE CO.
P.O. BOX 14139
LEXINGTON KY 40512

Tel: 973 490 6076
Fax: 877 622 6911
Email: marlene.cobar@cfins.com

Name: DIANE PARRISH, AVP, WORKERS COMPENSATION CLAIMS
Address: UNITED STATES FIRE INSURANCE CO.
P.O. BOX 14139
LEXINGTON KY 40512

Tel: 973 490 6992
Fax: 877 622 6911
Email: diane.parrish@cfins.com

UNITRIN AUTO & HOME INSURANCE COMPANY

Name: PATRICK GILLSON, REGIONAL CLAIM MANAGER
Address: 5784 WIDEWATERS PARKWAY
DEWITT, NY 13214

Tel: 315 449 8680
Fax: 315 449 5770
Email: pgillson@wkemper.com

Name: ROSE PARNELL, TECHNICAL CLAIM MANAGER
Address: 5784 WIDEWATERS PARKWAY
DEWITT, NY 13214

Tel: 315 449 8922
Fax: 315 449 5770
Email: rparnell@ekemper.com

UNITRIN PREFERRED INSURANCE COMPANY

Name: PATRICK GILLSON, REGIONAL CLAIM MANAGER
Address: 5784 WIDEWATERS PARKWAY
DEWITT, NY 13214

Tel: 315 449 8680
Fax: 315 449 5770
Email: pgillson@ekemper.com

Name: ROSE PARNELL, TECHNICAL CLAIM MANAGER
Address: 5784 WIDEWATERS PARKWAY
DEWITT, NY 13214

Tel: 315 449 8922
Fax: 315 449 5770
Email: rparnell@ekemper.com

UNIVERSAL UNDERWRITERS INSURANCE COMPANY

Name: KENNETH NIGRO, ASSISTANT VICE PRESIDENT
Address: UNIVERSAL UNDERWRITERS INS CO
300 INTERPACE PKWY, BLDG B/C
PARSIPPANY NJ 07054

Tel: 973 394 5241
Fax: 973 394 5262
Email: kenneth.nigro@zurichna.com

Name: BETH BLANCHARD, TEAM MANAGER
Address: UNIVERSAL UNDERWRITERS INSURANCE COMPANY
1299 ZURICH WAY
SCHAUMBURG IL 60196

Tel: 617 570 8827
Fax: 973 394 5262
Email: elizabeth.blanchard@zurichna.com

UTICA MUTUAL INSURANCE COMPANY

Name: IAN FISHER, SUPERVISOR
Address: UTICA MUTUAL INSURANCE COMPANY
P.O. BOX 6610
UTICA NY 13504

Tel: 516 479 5240
Fax: 888 538 2018
Email: ian.fisher@uticanational.com

Name: STEPHEN WILLIAMSON, WC CLAIMS MANAGER
Address: UTICA MUTUAL INSURANCE COMPANY
P.O. BOX 6610
UTICA NY 13504

Tel: 315 734 2462
Fax: 888 538 2018
Email: stephen.williamson@uticanational.com

UTICA NATIONAL ASSURANCE COMPANY

Name: IAN FISHER, SUPERVISOR
Address: UTICA NATIONAL INSURANCE COMPANY
P.O. BOX 6610
UTICA NY 13504

Tel: 516 479 5240
Fax: 888 538 2018
Email: ian.fisher@uticanational.com

Name: STEPHEN WILLIAMSON, WC CLAIMS MANAGER
Address: UTICA NATIONAL ASSURANCE COMPANY
P.O. BOX 6610
UTICA NY 13504

Tel: 315 734 2462
Fax: 888 538 2018
Email: stephen.williamson@uticanationa.com

VALLEY FORGE INSURANCE COMPANY

Name: KEVIN ZACCHIA, ASSISTANT VICE PRESIDENT
Address: 5786 WIDEWATERS
DEWITT NY 13214

Tel: 315 431 6752
Fax: 714 256 7905
Email: Kevin.Zacchia@cna.com

Name: TAMMY SOWERS, WORKERS' COMPENSATION CLAIM MANAGER
Address: ONE MERIDIAN BOULEVARD
WYOMISSING PA 19610

Tel: 610 320 4410
Fax: 877 371 5122
Email: Tammy.Sowers@cna.com

VALLEY HOME CARE INC

Name: PEG MEYERSBURG, DIRECTOR, EMPLOYEE HEALTH SERVICE
Address: 15 ESSEX ROAD
PARAMUS, NJ 07652

Tel: 201 291 6436
Fax: 201 291 6125
Email: pmeyers@valleyhealth.com

Name: MARION KARRAN, MANAGER, EMPLOYEE HEALTH SERVICE
Address: 15 ESSEX ROAD
PARAMUS, NJ 07652

Tel: 201 291 6436
Fax: 201 291 6125
Email: mkarran@valleyhealth.com

VALLEY PHYSICIANS SERVICES INC

Name: KAREN SOSNOWSKI, DIRECTOR, TOTAL REWARDS & HR TECHNOLOGY
Address: 223 NORTH VAN DIEN AVENUE
RIDGEWOOD, NJ 07450

Tel: 201 291 6336
Fax: 201 291 6290
Email: ksosnow@valleyhealth.com

Name: BARBARA SCHULTZ, DIRECTOR EMPLOYEE HEALTH & WELLNESS
Address: 223 NORTH VAN DIEN AVENUE
RIDGEWOOD, NJ 07450

Tel: 201 291 6436
Fax: 201 291 6437
Email: bschult@valleyhealth.com

VANLINER INSURANCE COMPANY

Name: COLLEEN SHEPHERD, CLAIMS DIRECTOR
Address: ONE PREMIER DRIVE
ST. LOUIS, MO 63026

Tel: 800 325 3619 ext: 3682
Fax: 636 326 0403
Email: colleen.shepherd@vanliner.com

Name: STEVE WINBORN, VICE PRESIDENT OF OPERATIONS
Address: ONE PREMIER DRIVE
ST. LOUIS, MO 63026

Tel: 800 325 3619 ext: 3854
Fax: 636 326 0403
Email: steve.winborn@vanliner.com

VIGILANT INSURANCE COMPANY

Name: LEVERETT STOCKING III, VP, CLAIM LEADER, NORTHEAST WORKERS' COMPENSATION
Address: CHUBB NORTH AMERICA CLAIMS
555 LONG WHARF DRIVE
NEW HAVEN CT 06511

Tel: 203 782 4082
Fax: 203 782 4126
Email: lstocking@chubb.com

Name: MICHELLE LOPA, AVP, CLAIM MANAGER
Address: CHUBB NORTH AMERICA CLAIMS
150 ALLEN ROAD
SUITE 101

Tel: 908 605 3058
Fax: 908 860 4706
Email: mlopa@chubb.com

VIRTUA HEALTH, INC. & SUBS.

Name: KELLY SOBON, WC ADMINISTRATOR
Address: VIRTUA HEALTH
1200 HOWARD BLVD, STE 200
MT LAUREL NJ 08054

Tel: 856 761 3857
Fax: 856 762 2782
Email: ksobon@virtua.org

Name: PATRICIA NAPIER, WC MANAGER
Address: QUAL-LYNX
100 DECADON DRIVE
EGG HARBOR TWP NJ 08234

Tel: 800 367 0138 ext: 2046
Fax: 856 926 8038
Email: tnapi@qual-lynx.com

WCF NATIONAL INS COMPANY(FKA ADVANTAGE WC INSURANCE COMPANY)

Name: DAN STEPHENS, VICE PRESIDENT, MULTI-STATE CLAIMS
Address: WCF NATIONAL INSURANCE COMPANY(FKA
ADVANTAGE WC INSURANCE COMPANY)
P.O. BOX 571918

Tel: 208 957 6705
Fax: 866 346 3289
Email: dstephens@wcf.com

Name: TAMERA FOWLER, DIRECTOR, COMPLIANCE
Address: WCF NATIONAL INSURANCE COMPANY(FKA
ADVANTAGE WC INSURANCE COMPANY)
P.O. BOX 571918

Tel: 385 743 3014
Fax: 866 346 3289
Email: tfowler@wcf.com

WCF SELECT INSURANCE COMPANY FKA ASSOCIATED INDEMNITY CORPORATION

Name: DAN STEPHENS, VP MULTI-STATE CLAIMS
Address: WCF SELECT INSURANCE COMPANY
P.O. BOX 571918
SALT LAKE CITY UT 84157

Tel: 208 957 6705
Fax: 866 346 3289
Email: dstephens@wcf.com

Name: TAMERA FOWLER, DIRECTOR, COMPLIANCE
Address: WCF SELECT INSURANCE COMPANY
P.O. BOX 57198
SALT LAKE CITY UT `8415

Tel: 385 743 3014
Fax: 866 346 3289
Email: tfowler@wcf.com

WEGMANS FOOD MARKETS, INC.

Name: ANNETTE DELAHOOKE, WC ANALYST
Address: P.O. BOX 30844
ROCHESTER, NY 14603

Tel: 585 429 3276
Fax: 585 429 3312
Email: annette.delahooke@wegmans.com

Name: CATHY L DAVIES, WCIDB SUPERVISOR
Address: P.O. BOX 30844
ROCHESTER, NY 14603

Tel: 585 429 3860
Fax: 585 429 3312
Email: cathy.davies@wegmans.com

WELLFLEET INSURANCE COMPANY

Name: LAURA FORTRESS, CLAIMS MANAGER - WORKERS' COMPENSATION
Address: WELLFLEET INSURANCE COMPANY
PO BOX 3300
WILKES-BARRE PA 18773

Tel: 570 606 0746
Fax: 203 989 2652
Email: laura.fortress@biberk.com

WELLFLEET NEW YORK INSURANCE COMPANY

Name: LAURA FORTRESS, CLAIMS MANAGER - WORKERS COMPENSATION
Address: WELLFLEET NEW YORK INSURANCE COMPANY
PO BOX 3300
WILKES-BARRE PA 18773

Tel: 570 606 0746
Fax: 203 989 2652
Email: laura.fortress@biberk.com

WESCO INSURANCE COMPANY

Name: MELISSA KOVACSY, DIRECTOR
Address: AMTRUST FINANCIAL SERVICES, INC
116 VILLAGE BOULEVARD
SUITE 303

Tel: 609 936 3003
Fax: 678 258 8395
Email: melissa.kovacsy@amtrustgroup.com

Name: PATRICIA ROMAN, SENIOR CLAIMS MANAGER
Address: AMTRUST FINANCIAL SERVICES, INC
116 VILLAGE BOULEVARD
SUITE 303

Tel: 201 630 2233
Fax: 678 258 8395
Email: patricia.roman@amtrustgroup.com

WEST AMERICAN INSURANCE COMPANY

Name: KERRYANN HOLLISS, SENIOR CLAIMS MANAGER
Address: LIBERTY MUTUAL
P.O. BOX 4836
SYRACUSE NY 13221

Tel: 973 648 7987
Fax: 603 427 2667
Email: Kerryanne.Holliss@LibertyMutual.com

Name: JASON HACKLING, DIRECTOR COMPLEX WORKERS COMPENSATION
Address: LIBERTY MUTUAL
P.O. BOX 4836
SYRACUSE NY 13221

Tel: 973 548 6912
Fax: 603 427 2665
Email: Jason.Hackling@LibertyMutual.com

WEST BEND INSURANCE COMPANY

Name: DAVE NETTUM, AVP - CLAIMS
Address: 1900 S 18TH AVENUE
WEST BEND WI 53095

Tel: 262 309 6650
Fax: 262 335 7054
Email: DNETTUM@WBMI.COM

Name: MELINDA SEILER, CLAIMS DIRECTOR
Address: WEST BEND INSURANCE COMPANY
WEST BEND WI 53095

Tel: 262 265 2150
Fax: 262 335 7054
Email: MSEILER@WBMI.COM

WEST BEND MUTUAL INSURANCE COMPANY

Name: DAVE NETTUM, AVP - CLAIMS
Address: WEST BEND MUTUAL INSURANCE COMPANY
1900 S. 18TH AVENUE
WEST BEND WI 53095

Tel: 262 309 6650
Fax: 262 335 7054
Email: dnettum@wbmi.com

Name: MELINDA SEILER, CLAIMS DIRECTOR
Address: WEST BEND MUTUAL INSURANCE COMPANY
1900 S. 18TH AVENUE
WEST BEND WI 53095

Tel: 262 365 2150
Fax: 262 335 7054
Email: mseiler@wbmi.com

WESTCHESTER FIRE INSURANCE COMPANY

Name: TOM EASON, AVP, WORKERS' COMPENSATION CLAIMS
Address: CHUBB NORTH AMERICA CLAIMS
1 BEAVER VALLEY ROAD
WILMINGTON, DE 19803

Tel: 302 476 7824
Fax: 302 476 7858
Email: Thomas.Eason@chubb.com

Name: DAVID KROLL, AVP, WORKERS' COMPENSATION CLAIMS
Address: CHUBB NORTH AMERICA CLAIMS
P.O. BOX 5118
SCRANTON PA 18505

Tel: 818 428 3753
Fax: 818 428 3588
Email: david.kroll@chubb.com

WHITE CASTLE SYSTEM, INC.

Name: SAMANTHA WALGATE, SPECIALTY RISK SERVICES
Address: 303 LIPPINCOTT CENTER
SUITE 303
MARLTON NJ 08053

Tel: 800 630 0746 ext: 54486
Fax: 860 293 0778
Email: samantha.walgate@srsconnect.com

Name: WILLIAM SELIGA, DIRECTOR-RISK MANAGEMENT
Address: 555 WEST GOODALE STREET
COLUMBUS OH 43215

Tel: 614 559 2700
Fax: 614 559 2757
Email: seligab@whitecastle.com

WORK FIRST CASUALTY COMPANY

Name: DEBBIE NOWAK, VP - CLAIMS
Address: 2636 BIEHN STREET
KLAMATH FALLS OR 97601

Tel: 541 882 1090
Fax: 541 882 1090
Email: DNOWAK@WORKFIRSTCASUALTY.COM

WORK FIRST CASUALTY COMPANY

Name: DEBBIE NOWAK, VP - CLAIMS
Address: WORK FIRST CASUALTY COMPANY
2636 BIEHN STREET
KLAMATH FALLS OR 97601

Tel: 541 882 1090
Fax: 541 882 1090
Email: dnowak@workfirstcasualty.com

Name: STEPHANIE CAMPBELL, VP - COMPLIANCE
Address: WORK FIRST CASUALTY COMPANY
110 EAST 6600 S
#260

Tel: 302 477 1710
Fax: 302 477 1710
Email: skorab@workfirstcasualty.com

Name: STEPHANIE CAMPBELL, VP - COMPLIANCE
Address: 1100 EAST 6600 SOUTH,
SUITE 410
SALT LAKE CITY UT 84121

Tel: 302 477 1710
Fax: 302 477 1710
Email: SKORAB@WORKFIRSTCASUALTY.COM

XL INSURANCE AMERICA, INC.

Name: ANTHONY HAMPTON, REGIONAL CLAIMS OPERATIONS LEAD
Address: AXA XL
P.O. BOX 211547
DALLAS TX 75211

Tel: 877 720 8844
Fax: 877 896 4562
Email: xlclaims.general.emailbox4documentum@axa

Name: JOHN CONROY, ASST VP, SR. CLAIMS SPECIALIST
Address: AXA XL
505 EAGLEVIEW BOULEVARD
4TH FLOOR

Tel: 877 720 8844
Fax: 877 896 4562
Email: xlclaims.general.emailbox4documentum@axa

XL INSURANCE COMPANY OF NEW YORK, INC.

Name: ANTHONY HAMPTON, REIGONAL CLAIMS OPERATIONS LEAD
Address: AXA XL
P.O. BOX 211547
DALLAS TX 75211

Tel: 877 720 8844
Fax: 877 896 4562
Email: xlclaims.general.emailbox4documentum@axa

Name: JOHN CONROY, ASST. VP, SR. CLAIMS SPECIALIST
Address: AXA XL
505 EAGLEVIEW BOULEVARD
4TH FLOOR

Tel: 877 720 8844
Fax: 877 896 4562
Email: xlclaims.general.emailbox4documentum@axa.com

XL REINSURANCE AMERICA INC

Name: ANTHONY HAMPTON, REGIONAL CLAIMS OPERATIONS LEAD
Address: AXA XL
P.O. BOX 211547
DALLAS TX 19341

Tel: 877 720 8844
Fax: 877 896 4562
Email: xlclaims.general.emailbox4documentum@axa.com

Name: JOHN CONROY, ASST VP, SR. CLAIMS SPECIALIST
Address: AXA XL
505 EAGLEVIEW BOULEVARD
4TH FLOOR

Tel: 877 720 8844
Fax: 877 896 4562
Email: xlclaims.general.emailbox4documentum@axa.com

XL SPECIALTY INSURANCE COMPANY

Name: ANTHONY HAMPTON, REGIONAL CLAIMS OPERATIONS LEAD
Address: AXA XL
P.O. BOX 211547
DALLAS TX 75211

Tel: 877 720 8844
Fax: 877 896 4562
Email: xlclaims.general.emailbox4documentum@axa.com

Name: JOHN CONROY, ASST VP, SR. CLAIMS SPECIALIST
Address: AXA XL
505 EAGLEVIEW BOULEVARD
4TH FLOOR

Tel: 877 720 8844
Fax: 877 896 4562
Email: xlclaims.general.emailbox4documentum@axa.com

ZENITH INSURANCE COMPANY

Name: KIM FLATFORD, VICE PRESIDENT - CLAIMS
Address: ZENITH INSURANCE COMPANY
P.O. BOX 1558
SARASOTA FL 34230

Tel: 704 567 7452
Fax: 800 364 0443
Email: kflatford@thezenith.com

Name: KELLY BARKER, CLAIMS SUPERVISOR
Address: ZENITH INSURANCE COMPANY
P.O. BOX 1558
SARASOTA FL 34230

Tel: 484 622 2921
Fax: 484 622 6916
Email: kbarker@thezenith.com

ZNAT INSURANCE COMPANY

Name: KIM FLATFORD, VICE PRESIDENT
Address: ZENITH INSURANCE COMPANY
P.O. BOX 1558

Tel: 800 440 5020
Fax: 800 364 0443
Email: kflatford@thezenith.com

Name: KELLY BARKER, CLAIM MANAGER
Address: ZENITH INSURANCE COMPANY
P.O. BOX 1558
SARASOTA FL 34230

Tel: 800 440 5020
Fax: 800 364 0443
Email: KBarker@theZenith.com

ZURICH AMERICAN INSURANCE COMPANY

Name: KENNETH NIGRO, ASSISTANT VICE PRESIDENT
Address: ZURICH AMERICAN INS CO
300 INTERPACE PKWY, BLDG B/C
PARSIPPANY NJ 07054

Tel: 973 394 5241
Fax: 973 394 5262
Email: kenneth.nigro@zurichna.com

Name: BETH BLANCHARD, TEAM MANAGER
Address: ZURICH AMERICAN INSURANCE COMPANY
1299 ZURICH WAY
SCHAUMBURG IL 60196

Tel: 617 570 8827
Fax: 973 394 5262
Email: elizabeth.blanchard@zurichna.com