



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 every workers' compensation insurance carrier and self-insured employer. 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.

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

http://lwd.state.nj.us/labor/forms_pdfs/wc/pdf/interactive_pdf/insurance_contact_form.pdf

If you find an error with a particular entry in the attached list, please contact the following individuals to verify our records: Joanne Allen joanne.allen@dol.state.nj.us or Marie DeBronzo, marie.debronzo@dol.state.nj.us, tel: 609-292-2414, fax: 609-984-2515.

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.

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 **E-MAIL:** rpratt@arkbest.com

NAME: ALLEN KING, MANAGER, WORKERS' COMP
ADDRESS: P.O. BOX 10048
FORT SMITH, AR 72917-0048
TEL #: 479-785-6218 **FAX #:** 479-785-6396 **E-MAIL:** aking@arkbest.com

ACADIA INSURANCE COMPANY

NAME: JEAN SHAW, REGIONAL CLAIM MANAGER
ADDRESS: BERKLEY MID-ATLANTIC GROUP, 4820 LAKE BROOK DRIVE, SUITE 300,
GLENN ALLEN, VA 23060
TEL #: 800-283-1153 ext. 3359 **FAX #:** 877-684-5484 **E-MAIL:** jshaw@wrbmag.com

NAME: SUSAN HILL, WC CLAIM MANAGER
ADDRESS: BERKLEY MID-ATLANTIC GROUP, 4820 LAKE BROOK DRIVE, SUITE 300
GLEN ALLEN, VA 23060
TEL #: 800-283-5051 ext. 5051 **FAX #:** 877-684-5484 **E-MAIL:** shill@wrbmag.com

ACCEPTANCE INDEMNITY INSURANCE COMPANY

NAME: JAMES H STILEN, VICE PRESIDENT - CLAIMS
ADDRESS: 302 SOUTH 36TH STREET, SUITE 500,
OMAHA, NE 68131
TEL #: 402-342-3433 **FAX #:** 402-342-0097 **E-MAIL:** jim.stilen@iatspecialty.com

NAME: MARY J ANDERSON, ASST. VICE PRESIDENT - CLAIMS
ADDRESS: 302 SOUTH 36TH STREET, SUITE 500
OMAHA, NE 68131
TEL #: 402-342-3433 **FAX #:** 402-342-0097 **E-MAIL:** mary.anderson@iatspecialty.com

ACCIDENT FUND INSURANCE COMPANY OF AMERICA

NAME: MERRICK HURLBUTT, CLAIMS MANAGER
ADDRESS: 232 S. CAPITOL AVENUE,
LANSING, MI 48901
TEL #: 517-367-8140 **FAX #:** 517-316-2747 **E-MAIL:** MERRICKH@accidentfund.com

NAME: SUSAN HIGBIE, CLAIMS EXAMINER
ADDRESS: 232 CAPITOL AVENUE
LANSING, MI 48901
TEL #: 517-367-1778 **FAX #:** 517-367-2938 **E-MAIL:** SUSANH@accidentfund.com

ACE AMERICAN INSURANCE COMPANY

NAME: PAM LLEWELLYN, AVP WORKERS' COMPENSATION
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4E,
WILMINGTON DE 09803
TEL #: 302-476-7255 **FAX #:** 302-476-7858 **E-MAIL:** pamelallewellyn@ace-ina.com

NAME: GUS GONNELLA, AVP WORKERS' COMPENSATION
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4E
WILMINGTON DE 09803
TEL #: 302-476-7822 **FAX #:** 302-476-7858 **E-MAIL:** gus.gonnella@ace-ina.com

ACE FIRE UNDERWRITERS INSURANCE COMPANY

NAME: PAM LLEWELLYN, AVP WORKERS' COMPENSATION
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4E,
WILMINGTON DE 19803
TEL #: 302-476-7255 **FAX #:** 302-476-7858 **E-MAIL:** pamelallewellyn@ace-ina.com

NAME: GUS GONNELLA, AVP WORKERS' COMPENSATION
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4E
WILMINGTON DE 19803
TEL #: 302-476-7822 **FAX #:** 302-476-7858 **E-MAIL:** gus.gonnella@ace-ina.com

ACE INDEMNITY INSURANCE COMPANY

NAME: PAM LLEWELLYN, AVP WORKERS' COMPENSATION
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4E,
WILMINGTON, DE 19803
TEL #: 302-476-7255 **FAX #:** 302-476-7858 **E-MAIL:** pamelallewellyn@ace-ina.com

ACE PROPERTY & CASUALTY INSURANCE COMPANY

NAME: PAM LLEWELLYN, AVP WORKERS' COMPENSATION
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4E,
WILMINGTON, DE 19803
TEL #: 302-476-7255 **FAX #:** 302-476-7858 **E-MAIL:** pamelallewellyn@ace-ina.com

NAME: GUS GONNELLA, AVP WORKERS' COMPENSATION
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4E
WILMINGTON, DE 19803
TEL #: 302-476-7822 **FAX #:** 302-476-7858 **E-MAIL:** gus.gonnella@ace-ina.com

ACIG INSURANCE COMPANY

NAME: RON ARTHUR, VICE PRESIDENT - CLAIMS MANAGER
ADDRESS: 12222 MERIT DRIVE, SUITE 1660,
DALLAS, TX 75251
TEL #: 972-702-9004 **FAX #:** 972-687-0602 **E-MAIL:** acigregulatory@acig.com

NAME: SUSIE MCGEE, VICE PRESIDENT - CLAIMS
ADDRESS: 12222 MERIT DRIVE, SUITE 1660
DALLAS, TX 75251
TEL #: 972-702-9004 **FAX #:** 972-687-0602 **E-MAIL:** acigregulatory@acig.com

ACME MARKETS, INC.

NAME: JEAN MICHETTI, TEAM LEADER
ADDRESS: SPECIALTY RISK SERVICES (SRS), 150 SOUTH WARNER ROAD,
KING OF PRUSSIA, PA 19406
TEL #: 800-551-0271 **FAX #:** 860-723-8174 **E-MAIL:** jean.michetti@srsconnect.com

NAME: CASSANDRA GOMEZ, OPERATIONS MANAGER
ADDRESS: SPECIALTY RISK SERVICES (SRS), 4245 MERIDIAN PARKWAY
AURORA, IL 60504
TEL #: 630-692-7282 **FAX #:** 860-723-4281 **E-MAIL:** cassandra.gomez@srsconnect.com

ADAMAR OF NEW JERSEY INC

NAME: FRANK HARRISON, EXECUTIVE DIRECTOR, RISK MANAGEMENT
ADDRESS: BRIGHTON AVENUE AND BOARDWALK,
ATLANTIC CITY, NJ 08401
TEL #: 609-340-4110 **FAX #:** 609-343-6998 **E-MAIL:** fharrison@tropicana.net

NAME: CAROL BIRD, CLAIMS ADJUSTER
ADDRESS: BRIGHTON AVENUE AND BOARDWALK
ATLANTIC CITY, NJ 08401
TEL #: 709-340-4341 **FAX #:** 609-343-6998 **E-MAIL:** cbird@tropicana.net

ADMIRAL INSURANCE COMPANY

NAME: RICHARD A COLLINS, REGULATORY COMPLIANCE & PRODUCT MANAGER
ADDRESS: 3 LANDMARK SQUARE, SUITE 515,
STAMFORD, CT 06901
TEL #: 203-658-1791 **FAX #:** 203-323-8287 **E-MAIL:** rcollins@admiralins.com

NAME: SHARON BOWEN, ADMINISTRATIVE ASSISTANT
ADDRESS: 1255 CALDWELL ROAD, P.O. BOX 5725
CHERRY HILL, NJ 08034
TEL #: 856-429-9200 **FAX #:** 856-795-9301 **E-MAIL:** sbowen@admiralins.com

ADVANTAGE WORKERS COMPENSATION INSURANCE COMPANY

NAME: VICTOR FRECH, CLAIMS MANAGER
ADDRESS: P.O. BOX 571918,
SALT LAKE CITY, UT 84157-1918
TEL #: 888-595-8750 **FAX #:** 866-346-3289 **E-MAIL:** vfrech@advantagewc.com

NAME: THERESA J. MARECK, VICE PRESIDENT AND GENERAL COUNSEL
ADDRESS: P.O. BOX 571918
SALT LAKE CITY, UT 84157-1918
TEL #: 888-595-8750 **FAX #:** 866-346-3289 **E-MAIL:** tmareck@advantagewc.com

AIG CASUALTY COMPANY

NAME: JANICE MOORE, ASST. VICE PRESIDENT
ADDRESS: CHARTIS, P.O. BOX 4050,
ALPHARETTA, GA 30023-4050
TEL #: 302-765-1635 **FAX #:** 302-765-1806 **E-MAIL:** JaniceM.Moore@chartisinsurance.com

NAME: MELODY KENSEY, ADMINISTRATIVE ASSISTANT
ADDRESS: CHARTIS, P.O. BOX 4050
ALPHARETTA, GA 30023-4050
TEL #: 302-765-1629 **FAX #:** 302-765-1800 **E-MAIL:** melody.fralick@chartisinsurance.com

AIG CENTENNIAL INSURANCE COMPANY

NAME: JANICE MOORE, ASSISTANT VICE PRESIDENT
ADDRESS: P.O. BOX 4050,
ALPHARETTA GA 30023-4050
TEL #: 302-765-1635 **FAX #:** 302-765-1806 **E-MAIL:** JaniceM.Moore@aiuholdings.com

AIG CENTENNIAL INSURANCE COMPANY

NAME: JANICE MOORE, ASSISTANT VICE PRESIDENT
ADDRESS: P.O. BOX 4050,
ALPHARETTA GA 30023-4050
TEL #: 302-765-1635 **FAX #:** 302-765-0806 **E-MAIL:** JaniceM.Moore@aiuholdings.com

NAME: MELODY KENSEY, ADMINISTRATIVE ASSISTANT
ADDRESS: P.O. BOX 4050
ALPHARETTA GA 30023-4050
TEL #: 302-765-1629 **FAX #:** 302-765-1800 **E-MAIL:** Melody.Fralcik@aiuholdings.com

NAME: MELODY KENSEY, ADMINISTRATIVE ASSISTANT
ADDRESS: P.O. BOX 4050
ALPHARETTA GA 30023
TEL #: 302-765-1629 **FAX #:** 302-765-1800 **E-MAIL:** Melody.Fralick@aiuholdings.com

AIG NATIONAL INSURANCE COMPANY

NAME: JANICE MOORE, ASST. VICE PRESIDENT
ADDRESS: CHARTIS, P.O. BOX 4050,
ALPHARETTA, GA 30023-4050
TEL #: 302-765-1635 **FAX #:** 302-765-1806 **E-MAIL:** JaniceM.Moore@chartisinsurace.com

NAME: MELODY KENSEY, ADMINISTRATIVE ASSISTANT
ADDRESS: CHARTIS, P.O. BOX 4050
ALPHARETTA, GA 30023-4050
TEL #: 302-765-1629 **FAX #:** 302-765-1800 **E-MAIL:** melody.fralick@chartisinsurance.com

AIU INSURANCE COMPANY

NAME: JANICE MOORE, ASST. VICE PRESIDENT
ADDRESS: P.O. BOX 9973,
WILMINGTON, DE 19809
TEL #: 302-765-1635 **FAX #:** 302-765-1806 **E-MAIL:** JaniceM.Moore@aig.com

NAME: MELODY KENSEY, ADMINISTRATIVE ASSISTANT
ADDRESS: P.O. BOX 9973
WILMINGTON, DE 19809
TEL #: 302-765-1629 **FAX #:** 302-765-1800 **E-MAIL:** melody.fralick@aig.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 **E-MAIL:** 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 **E-MAIL:** suzanne.fetter@aleagroup.com

ALL AMERICA INSURANCE COMPANY

NAME: CAROL S LININGER, CLAIMS MANAGER
ADDRESS: P.O. BOX 353,
VAN WERT, OH 45891
TEL #: 419-238-1010 **FAX #:** 800-736-7026 **E-MAIL:** clininger@central-insurance.com

NAME: DEB GROTHOUSE, MEDICAL COST CONTAINMENT SUPVR.
ADDRESS: P.O. BOX 353
VAN WERT, OH 45891
TEL #: 419-238-1010 **FAX #:** 800-736-7026 **E-MAIL:** dgrothouse@central-insurance.com

ALLAMERICA FINANCIAL ALLIANCE INSURANCE COMPANY

NAME: CHERYL UNGAR, WC UNIT MANAGER
ADDRESS: P.O. BOX 15144,
WORCESTER, MA 01615
TEL #: 508-855-3094 **FAX #:** 508-635-0419 **E-MAIL:** cungar@hanover.com

NAME: PAULA ANDRADE, WC UNIT MANAGER
ADDRESS: P.O. BOX 15144
WORCESTER, MA 01615
TEL #: 508-855-5893 **FAX #:** 508-635-0396 **E-MAIL:** pandrade@hanover.com

ALLAMERICA FINANCIAL BENEFIT INSURANCE COMPANY

NAME: CHERYL UNGAR, WC UNIT MANAGER
ADDRESS: P.O. BOX 15144,
WORCESTER, MA 01615
TEL #: 508-855-3094 **FAX #:** 508-635-0419 **E-MAIL:** cungar@hanover.com

NAME: PAULA ANDRADE, WC UNIT MANAGER
ADDRESS: P.O. BOX 15144
WORCESTER, MA 01615
TEL #: 508-855-5893 **FAX #:** 508-635-0396 **E-MAIL:** pandrade@hanover.com

ALLIANCE NATIONAL INSURANCE COMPANY

NAME: JOHN EAGEN, MANAGER
ADDRESS: 220 W. GERMANTOWN PIKE,
PLYMOUTH MEETING, PA 19462
TEL #: 610-242-2000 **FAX #:** 610-828-7387 **E-MAIL:** JEagen@alliancenatl.com

NAME: MARY BETH TORUNIAN, UNDERWRITER
ADDRESS: 220 W. GERMANTOWN PIKE
PLYMOUTH MEETING, PA 19462
TEL #: 610-242-2000 **FAX #:** 610-828-7387 **E-MAIL:** MTorunian@alliancenatl.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 **E-MAIL:** 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 **E-MAIL:** cfrey@aic-allianz.com

ALLIED EASTERN INDEMNITY COMPANY

NAME: JOHN S HANLON, DIRECTOR OF CLAIMS OPERATIONS
ADDRESS: 25 RACE AVENUE,
LANCASTER PA 17603
TEL #: 888-654-7100 **FAX #:** 717-481-7199 **E-MAIL:** jhanlon@eains.com

NAME: KELLI CHAPMAN, CLAIMS MANAGER
ADDRESS: 25 RACE AVENUE
LANCASTER PA 17603
TEL #: 888-654-7100 **FAX #:** 717-481-7170 **E-MAIL:** kchapman@eains.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 **E-MAIL:** ckroh@munichreamerica.com

NAME: STEPHEN DIONISIO, VICE PRESIDENT
ADDRESS: 555 COLLEGE ROAD EAST
PRINCETON, NJ 08543
TEL #: 609-243-4514 **FAX #:** 609-243-4558 **E-MAIL:** sdionisio@munichreamerica.com

AMERICAN AUTOMOBILE INSURANCE COMPANY

NAME: DENNIS MASON, MBA SCLA, CLAIM DIRECTOR
ADDRESS: 11475 GREAT OAKS WAY, SUITE 200,
ALPHARETTA, GA 30022
TEL #: 678-393-4006 **FAX #:** 888-389-7231 **E-MAIL:** dennis.mason@ffic.com

NAME: MARY C. PELSER, WC CLAIMS TECHNICAL DIRECTOR
ADDRESS: 500 N. AKARD STREET, LINCOLN PLAZA, SUITE 400
DALLAS, TX 75201
TEL #: 972-939-1713 **FAX #:** 888-311-7748 **E-MAIL:** mary.pelsler@ffic.com

AMERICAN CASUALTY COMPANY OF READING PA

NAME: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
ADDRESS: 333 S. WABASH AVENUE, 38S,
CHICAGO, IL 60604
TEL #: 312-822-4751 **FAX #:** 312-260-6320 **E-MAIL:** elizabeth.sieks@cna.com

NAME: KATHLEEN PAGNANO, VICE PRESIDENT - WC
ADDRESS: 333 S. WABASH AVENUE, 38S
CHICAGO, IL 60604
TEL #: 312-822-6869 **FAX #:** 312-894-2670 **E-MAIL:** kathleen.pagnano@cna.com

AMERICAN CENTENNIAL INSURANCE COMPANY

NAME: LUANN M PETRELLIS, COO AND SECRETARY
ADDRESS: 3501 SILVERSIDE ROAD, SUITE 203, NAAMANS BLDG.,
WILMINGTON, DE 19810
TEL #: 302-479-2100 ext. 11 **FAX #:** 302-479-2103 **E-MAIL:** lpetrellis@iamcde.com

NAME: CAROLYN SCULLY, VP AND TREASURER
ADDRESS: 3501 SILVERSIDE ROAD, SUITE 203, NAAMANS BLDG.
WILMINGTON, DE 19810
TEL #: 302-479-2100 ext. 12 **FAX #:** 302-479-2103 **E-MAIL:** cscully@iamcde.com

AMERICAN COMPENSATION INSURANCE COMPANY

NAME: SUSAN PILON, MANAGER OF NATIONAL CLAIM QUALITY & COMPLIANCE
ADDRESS: P.O. BOX 390327,
MINNEAPOLIS, MN 55439
TEL #: 800-789-2242 **FAX #:** 800-563-3364 **E-MAIL:** susan.pilon@rtwi.com

NAME: AMY HAWLEY, DIRECTOR OF OPERATIONS
ADDRESS: P.O. BOX 390327
MINNEAPOLIS, MN 55439
TEL #: 800-789-2242 **FAX #:** 800-563-3364 **E-MAIL:** amy.hawley@rtwi.com

AMERICAN EMPLOYERS INSURANCE COMPANY

NAME: BRETT BRADY, SUPERVISOR
ADDRESS: P.O. BOX 302,
BUFFALO, NY 14240
TEL #: 781-332-9023 **FAX #:** 866-578-4937 **E-MAIL:** bbrady@onebeacon.com

NAME: DAVID JOHNSON, CLAIMS MANAGER
ADDRESS: P.O. BOX 302
BUFFALO, NY 14240
TEL #: 781-332-9048 **FAX #:** 866-505-2478 **E-MAIL:** dljohnson@onebeacon.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 **E-MAIL:** 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 **E-MAIL:** wwolfe@merchantsgroup.com

AMERICAN FIRE & CASUALTY INSURANCE COMPANY

NAME: TODD GANCARZ, UNIT LEADER
ADDRESS: 5062 BRITTONFIELD PARKWAY,
E. SYRACUSE, NY 13057
TEL #: 315-431-6131 **FAX #:** 800-526-0681 **E-MAIL:** 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 **E-MAIL:** Karen.Peinkofer@peerless-ins.com

AMERICAN FUJI FIRE & MARINE INSURANCE COMPANY

NAME: JOEL WALCOTT, VICE PRESIDENT & SECRETARY
ADDRESS: 3880 RFD SALEM LAKE DRIVE,
LONG GROVE, IL 60047
TEL #: 847-550-5533 **FAX #:** 847-550-5534 **E-MAIL:** walcott@americanfuji.com

NAME: NAOTO HASUIKE, EVP & TREASURER
ADDRESS: 3880 RFD SALEM LAKE DRIVE
LONG GROVE, IL 60047
TEL #: 847-550-5533 **FAX #:** 847-550-5534 **E-MAIL:** hasuike@americanfuji.com

AMERICAN GUARANTEE & LIABILITY INSURANCE COMPANY

NAME: MARIO BRACUTI, ASST. VICE PRESIDENT
ADDRESS: 300 INTERPACE PARKWAY, MORRIS CORPORATE 1,
PARSIPPANY, NJ 07054
TEL #: 973-394-5205 **FAX #:** 973-394-5262 **E-MAIL:** mario.bracuti@zurichna.com

NAME: BRIAN DOOLEY, TEAM MANAGER
ADDRESS: 300 INTERPACE PARKWAY, MORRIS CORPORATE 1
PARSIPPANY, NJ 07054
TEL #: 973-394-5281 **FAX #:** 973-394-5262 **E-MAIL:** brian.dooley@zurichna.com

AMERICAN HARDWARE MUTUAL INSURANCE COMPANY

NAME: JUDY PALAMARA, BRANCH CLAIMS MANAGER
ADDRESS: 2674 MONROEVILLE BLVD.,
MONROEVILLE, PA 15146
TEL #: 412-858-1110 **FAX #:** 866-790-6431 **E-MAIL:** judy.palamara@motoristsgroup.com

NAME: JEFF CARTER, CLAIMS SUPERVISOR
ADDRESS: 2674 MONROEVILLE ROAD
MONROEVILLE, PA 15146
TEL #: 412-858-1138 **FAX #:** 866-790-6431 **E-MAIL:** jeff.carter@motoristsgroup.com

AMERICAN HOME ASSURANCE COMPANY

NAME: JANICE MOORE, ASSISTANT VICE PRESIDENT
ADDRESS: CHARTIS, P.O. BOX 9973,
WILMINGTON, DE 19809
TEL #: 302-765-1635 **FAX #:** 302-765-1806 **E-MAIL:** JaniceM.Moore@chartisinsurance.com

NAME: MELODY KENSEY, ADMINISTRATIVE ASSISTANT
ADDRESS: CHARTIS, P.O. BOX 9973
WILMINGTON, DE 19809
TEL #: 302-765-1629 **FAX #:** 302-765-1806 **E-MAIL:** melody.fralick@chartisinsurance.com

AMERICAN INSURANCE COMPANY

NAME: DENNIS MASON, MBA SCLA, CLAIM DIRECTOR
ADDRESS: 11475 GREAT OAKS WAY, SUITE 200,
ALPHARETTA GA 30022
TEL #: 678-393-4006 **FAX #:** 888-389-7231 **E-MAIL:** dennis.mason@ffic.com

NAME: MARY C. PELSER, WC CLAIMS TECHNICAL DIRECTOR
ADDRESS: 500 N. AKARD STREET, LINCOLN PLAZA, SUITE 400
DALLAS, TX 75201
TEL #: 972-939-1713 **FAX #:** 888-311-7748 **E-MAIL:** mary.pelser@ffic.com

AMERICAN MINING INSURANCE COMPANY

NAME: BILL SCHRIMPF, SENIOR VP, GENERAL COUNSEL & CHIEF CLAIMS OFFICER
ADDRESS: P.O. BOX 660847,
BIRMINGHAM, AL 35266-0847
TEL #: 800-448-5621 ext. 254 **FAX #:** 205-870-3245 **E-MAIL:** wschrimpf@americanmining.com

NAME: MIKE CARNEY, ASSISTANT VP, COMPLIANCE
ADDRESS: P.O. BOX 660847
BIRMINGHAM, AL 35266-0847
TEL #: 800-448-5621 ext. 256 **FAX #:** 205-870-3245 **E-MAIL:** mcarney@americanmining.com

AMERICAN MOTORISTS INSURANCE COMPANY

NAME: ROMMIE MARWAH, HOME OFFICE CLAIM CONSULTANT
ADDRESS: 1 KEMPER DRIVE,
LONG GROVE, IL 60049
TEL #: 847-320-2146 **FAX #:** 847-320-5765 **E-MAIL:** Rommie.Marwah@kemperinsurance.com

NAME: DONNA JOHNSON, WC CLAIM MANAGER
ADDRESS: 1 KEMPER DRIVE
LONG GROVE, IL 60049
TEL #: 847-320-4772 **FAX #:** 847-320-5756 **E-MAIL:** Donna.Johnson@kemperinsurance.com

AMERICAN ZURICH INSURANCE COMPANY

NAME: MARIO BRACUTI, ASST. VICE PRESIDENT
ADDRESS: 300 INTERPACE PARKWAY, MORRIS CORPORATE 1,
PARSIPPANY, NJ 07054
TEL #: 973-394-5205 **FAX #:** 973-394-5262 **E-MAIL:** mario.bracuti@zurichna.com

NAME: BRIAN DOOLEY, TEAM MANAGER
ADDRESS: 300 INTERPACE PARKWAY, MORRIS CORPORATE 1
PARSIPPANY, NJ 07054
TEL #: 973-394-5281 **FAX #:** 973-394-5262 **E-MAIL:** brian.dooley@zurichna.com

AMERICAS INSURANCE COMPANY

NAME: MICHAEL VICKNAIR, CFO
ADDRESS: 400 POYDRAS STREET, SUITE 1990,
NEW ORLEANS, LA 70130
TEL #: 504-528-9555 **FAX #:** 504-523-0084 **E-MAIL:** mike.vicknair@americas-insurance.com

NAME: MARY LYNN MADDON, COMPLIANCE OFFICER
ADDRESS: 400 POYDRAS STREET, SUITE 1990
NEW ORLEANS, LA 70130
TEL #: 504-528-9555 **FAX #:** 504-523-0084 **E-MAIL:** marylynn.madden@americas-insurance.com

AMERIHEALTH CASUALTY INSURANCE COMPANY

NAME: TERRY SMITH, MANAGER OF NJ OPERATIONS
ADDRESS: 8000 MIDLANTIC DRIVE, SUITE 410N,
MT. LAUREL, NJ 08054
TEL #: 856-380-6530 **FAX #:** 866-441-5329 **E-MAIL:** terry.smith@compservicesinc.com

NAME: MARK MORRONE, SENIOR CLAIMS REPRESENTATIVE
ADDRESS: 8000 MIDLANTIC DRIVE, SUITE 410N
MT. LAUREL, NJ 08054
TEL #: 856-380-6531 **FAX #:** 866-441-5329 **E-MAIL:** mark.morrone@compservicesinc.com

AMERISURE INSURANCE COMPANY

NAME: LAURA PIERMAN, CLAIMS MANAGER
ADDRESS: 26777 HALSTED,
FARMINGTON HILLS, MI 48331
TEL #: 248-615-9000 ext. 58385 **FAX #:** 248-615-8372 **E-MAIL:** LPierman@amerisure.com

NAME: MICHAEL HEARSCH, CLAIMS SUPERVISOR
ADDRESS: 26777 HALSTED
FARMINGTON HILLS, MI 48331
TEL #: 248-615-9000 ext. 58634 **FAX #:** 248-615-8602 **E-MAIL:** MHearsch@amerisure.com

AMERISURE MUTUAL INSURANCE COMPANY

NAME: LAURA PIERMAN, CLAIMS MANAGER
ADDRESS: 26777 HALSTED,
FARMINGTON HILLS, MI 48331
TEL #: 248-615-9000 ext. 58385 **FAX #:** 248-615-8372 **E-MAIL:** LPierman@amerisure.com

NAME: MICHAEL HEARSCH, CLAIMS SUPERVISOR
ADDRESS: 26777 HALSTED
FARMINGTON HILLS, MI 48331
TEL #: 248-615-9000 ext. 58634 **FAX #:** 248-615-8602 **E-MAIL:** mhearsh@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 **E-MAIL:** 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 **E-MAIL:** Randy.Lester@Meadowbrook.com

AMGUARD INSURANCE COMPANY

NAME: MARY COSTA, WC CLAIMS SUPERVISOR
ADDRESS: 110 S. JEFFERSON ROAD, 3RD FLOOR,
WHIPPANY, NJ 07981-1038
TEL #: 800-673-2465 ext. 7813 **FAX #:** 866-852-4312 **E-MAIL:** mcosta@guard.com

NAME: MICHAEL POLICASTRO, MANAGING ATTORNEY
ADDRESS: 110 S. JEFFERSON ROAD, 3RD FLOOR
WHIPPANY, NJ 07981-1038
TEL #: 845-536-4545 **FAX #:** 866-852-4312 **E-MAIL:** mpolICASTRO@guard.com

AMSTED INDUSTRIES, INC.

NAME: ROB GOULD, HUMAN RESOURCES MANAGER
ADDRESS: 1100 WEST FRONT STREET,
FLORENCE, NJ 08518
TEL #: 609-499-7143 **FAX #:** 609-499-1541 **E-MAIL:** rgould@griffinpipe.com

NAME: JOHN GEANEY, ATTORNEY
ADDRESS: 8000 MIDLANTIC DRIVE, SUITE 300S
MT. LAUREL, NJ 08054
TEL #: 856-234-6800 **FAX #:** 856-235-2786 **E-MAIL:** jgeaney@capehart.com

A-P-A TRANSPORT CORPORATION

NAME: LISA GRAIFF, W/C SUPERVISOR
ADDRESS: SCIABAL ASSOC. INC., PO BOX 500,
SOMERS POINT NJ 08244-0500
TEL #: 609-538-8400 **FAX #:** 609-926-9270 **E-MAIL:** lgraff@sciadvantage.com

NAME: JOSEPH M HARVEY, SR. VP PUBLIC RISKS
ADDRESS: SCIABAL ASSOC. INC., PO BOX 500
SOMERS POINT NJ 08244-0500
TEL #: 609-538-8400 **FAX #:** 609-926-9270 **E-MAIL:** jharvey@scibal.com

ARCH INSURANCE COMPANY

NAME: CHASE W DEITS, CLAIMS ACCOUNT MANAGER
ADDRESS: 1125 SANCTUARY PKWY, SUITE 100,
ALPHARETTA, GA 30000
TEL #: 404-682-4318 **FAX #:** 404-682-3613 **E-MAIL:** edeits@archinsurance.com

NAME: PAUL MILOSCIA, VP, CLAIMS
ADDRESS: ONE LIBERTY PLAZA, 53RD FLOOR
NEW YORK, NY 10006
TEL #: 646-344-8534 **FAX #:** 212-651-6499 **E-MAIL:** pmiloscia@archinsurance.com

ARCH REINSURANCE COMPANY

NAME: BARRY E GOLUB, TREASURER AND CONTROLLER
ADDRESS: 360 MT. KEMBLE AVE., 2ND FLOOR,
MORRISTOWN, NJ 07962-1988
TEL #: 973-889-6467 **FAX #:** 973-889-6495 **E-MAIL:** bgolub@archreco.com

NAME: TOM BEESLEY, CORPORATE ACCOUNTING MANAGER
ADDRESS: 360 MT. KEMBLE AVE., 2ND FLOOR
MORRISTOWN, NJ 07962-1988
TEL #: 973-889-6471 **FAX #:** 973-889-6495 **E-MAIL:** tbeesley@archreco.com

ARGONAUT INSURANCE COMPANY

NAME: KEVIN WARD, VICE PRESIDENT WC CLAIMS
ADDRESS: 225 W. WASHINGTON STREET, SUITE 600,
CHICAGO, IL 60606
TEL #: 312-201-7510 **FAX #:** 312-233-0566 **E-MAIL:** kward@argogroupus.com

NAME: JULIE KRONBACH, SVP CLAIMS
ADDRESS: 225 W. WASHINGTON STREET, SUITE 600
CHICAGO, IL 60606
TEL #: 312-201-7509 **FAX #:** 312-233-0566 **E-MAIL:** jkronbach@argogroupus.com

ARGONAUT-MIDWEST INSURANCE COMPANY

NAME: KEVIN WARD, VICE PRESIDENT WC CLAIMS
ADDRESS: 225 W. WASHINGTON STREET, SUITE 600,
CHICAGO, IL 60606
TEL #: 312-201-7510 **FAX #:** 312-233-0566 **E-MAIL:** kward@argogroupus.com

NAME: JULIE KRONBACH, SVP CLAIMS
ADDRESS: 225 W. WASHINGTON STREET, SUITE 600
CHICAGO, IL 60606
TEL #: 312-201-7509 **FAX #:** 312-233-0566 **E-MAIL:** jkronbach@argogroupus.com

ARGONAUT-NORTHWEST INSURANCE COMPANY

NAME: KEVIN WARD, VICE PRESIDENT - WC CLAIMS
ADDRESS: 225 W. WASHINGTON STREET, SUITE 600,
CHICAGO, IL 60606
TEL #: 312-201-7510 **FAX #:** 312-233-0566 **E-MAIL:** kward@argogroupus.com

NAME: JULIE KRONBACH, SVP CLAIMS
ADDRESS: 225 W. WASHINGTON STREET, SUITE 600
CHICAGO, IL 60606
TEL #: 312-201-7509 **FAX #:** 312-233-0566 **E-MAIL:** jkronbach@argogroupus.com

ARGONAUT-SOUTHWEST INSURANCE COMPANY

NAME: KEVIN WARD, VICE PRESIDENT - WC CLAIMS

ADDRESS: 225 W. WASHINGTON STREET, SUITE 600,
CHICAGO, IL 60606

TEL #: 312-201-7510

FAX #: 312-233-0566

E-MAIL: kward@argogroupus.com

NAME: JULIE KRONBACH, SVP CLAIMS

ADDRESS: 225 W. WASHINGTON STREET, SUITE 600
CHICAGO, IL 60606

TEL #: 312-201-7509

FAX #: 312-233-0566

E-MAIL: jkronbach@argogroupus.com

ARI CASUALTY COMPANY

NAME: PATRICK M CUSACK, VP CLAIMS

ADDRESS: 133 FRANKLIN CORNER ROAD,
LAWRENCEVILLE, NJ 08642

TEL #: 609-882-7500

FAX #: 609-882-4088

E-MAIL: pcusack@ari-ins.com

NAME: KAREN FULTON, PRES CCO

ADDRESS: 133 FRANKLIN CORNER ROAD
LAWRENCEVILLE, NJ 08642

TEL #: 609-882-7500

FAX #: 609-882-4088

E-MAIL: kfulton@ari-ins.com

ARI MUTUAL INSURANCE COMPANY

NAME: PATRICK M CUSACK, VP CLAIMS

ADDRESS: 133 FRANKLIN CORNER ROAD,
LAWRENCEVILLE, NJ 08648

TEL #: 609-882-7500

FAX #: 609-882-4088

E-MAIL: pcusack@ari-ins.com

NAME: KAREN FULTON, PRES CCO

ADDRESS: 133 FRANKLIN CORNER ROAD
LAWRENCEVILLE, NJ 08648

TEL #: 609-882-7500

FAX #: 609-882-4088

E-MAIL: kfulton@ari-ins.com

ASSOCIATED INDEMNITY CORPORATION

NAME: DENNIS MASON, MBA SCLA, CLAIM DIRECTOR

ADDRESS: 11475 GREAT OAKS WAY, SUITE 200,
ALPHARETTA, GA 30022

TEL #: 678-393-4006

FAX #: 888-389-7231

E-MAIL: dennis.mason@ffic.com

NAME: MARY C. PELSER, WC CLAIMS TECHNICAL DIRECTOR

ADDRESS: 500 N. AKARD STREET, LINCOLN PLAZA, SUITE 400
DALLAS, TX 75201

TEL #: 972-939-1713

FAX #: 888-311-7748

E-MAIL: mary.pelser@ffic.com

AT&T CORPORATION

NAME: JULIE DUNCAN, CLAIMS SUPERVISOR

ADDRESS: 350 LINDEN OAKS,
ROCHESTER, NY 14625

TEL #: 585-264-3496

FAX #: 585-264-3410

E-MAIL: julie.duncan@sedgwickcms.com

NAME: MARIANNE PEIKHAM, CLAIMS SUPERVISOR
ADDRESS: 350 LINDEN OAKS
ROCHESTER, NY 14625
TEL #: 585-264-3497 **FAX #:** 585-264-3410 **E-MAIL:** marianne.peikham@sedgwickcms.com

ATHENA ASSURANCE COMPANY

NAME: MARGARET MUIR-O'CONNOR, WC CLAIM MANAGER
ADDRESS: 1000-1200 AMERICAN ROAD,
MORRIS PLAINS, NJ 07950
TEL #: 973-401-3084 **FAX #:** 877-786-5568 **E-MAIL:** MMUIROCO@travelers.com

NAME: ANGELA BARBALACI, UNIT MANAGER
ADDRESS: 1200 AMERICAN ROAD
MORRIS PLAINS, NJ 07950
TEL #: 973-401-3019 **FAX #:** 877-786-5568 **E-MAIL:** ABARBALA@travelers.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 **E-MAIL:** 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 **E-MAIL:** Janice_Earwood@aon.com

ATLANTIC CITY MEDICAL CENTER

NAME: GERTRUDE MANDIA, WORKERS' COMPENSATION MANAGER
ADDRESS: ATLANTICARE HEALTH SYSTEM, 2500 ENGLISH CREEK AVENUE, BLDG. 600
EGG HARBOR, NJ 08234
TEL #: 609-407-2381 **FAX #:** 609-272-6344 **E-MAIL:** Gertrude.Mandia@atlanticare.org

NAME: RICHARD H PETRY, EXECUTIVE V.P.
ADDRESS: GLENN INSURANCE, INC., 500 EAST ABSECON BLVD.P.O. BOX 365
ABSECON, NJ 08201
TEL #: 609-641-3000 **FAX #:** 609-641-2355 **E-MAIL:** rpetry@glenninsurance.com

ATLANTIC EMPLOYERS INSURANCE COMPANY

NAME: PAM LLEWELLYN, AVP WORKERS' COMPENSATION
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4E,
WILMINGTON, DE 19803
TEL #: 302-476-7255 **FAX #:** 302-476-7858 **E-MAIL:** pamelallewellyn@ace-ina.com

NAME: GUS GONNELLA, AVP WORKERS' COMPENSATION
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4E
WILMINGTON, DE 19803
TEL #: 302-476-7822 **FAX #:** 302-476-7858 **E-MAIL:** gus.gonnella@ace-ina.com

ATLANTIC HEALTH SYSTEMS INC & SUBS

NAME: LORI WILLIAMS, ESQ., ATTORNEY
ADDRESS: 475 SOUTH STREET, P.O. BOX 1905,
MORRISTOWN NJ 07962-1905
TEL #: 973-660-3552 **FAX #:** 973-360-0540 **E-MAIL:** lori.williams@atlantichhealth.org

NAME: STEPHEN T FANNON
ADDRESS: 8000 MIIDLANTIC DR, STE 300, LAUREL CORPORATE CENTER
MT LAUREL NJ 08054
TEL #: 856-914-2065 **FAX #:** 856-439-3168 **E-MAIL:** sfanon@capehart.com

ATLANTIC MUTUAL INSURANCE COMPANY

NAME: MARIA E. BASINSKI, NATIONAL WC CLAIMS ADMINISTRATOR
ADDRESS: 7 GIRALDA FARMS, SUITE 120,
MADISON, NJ 07940-1027
TEL #: 973-408-6208 **FAX #:** 973-408-6121 **E-MAIL:** mbasinski@atlanticmutual.com

NAME: MERRELES SCHUMANN, AVP, CASUALTY CLAIMS
ADDRESS: 7 GIRALDA FARMS, SUITE 120
MADISON, NJ 07940-1027
TEL #: 973-408-6056 **FAX #:** 973-408-6121 **E-MAIL:** mschumann@atlanticmutual.com

ATLANTIC STATES CAST IRON PIPE CO.

NAME: ELIZABETH KUNIGUS, WORKERS' COMP. ADMINISTRATOR
ADDRESS: 183 SITGREAVES STREET,
PHILLIPSBURG, NJ 08865
TEL #: 908-454-1161 ext. 276 **FAX #:** 908-878-0877 **E-MAIL:** elizabeth.kunigus@atlanticstates.com

NAME: HEATHER KNIGHTEN, ACCOUNTANT
ADDRESS: 2900 HWY. 280, SUITE 300
BIRMINGHAM, AL 35223
TEL #: 205-414-3110 **FAX #:** 205-414-3170 **E-MAIL:** hknighnten@mcwane.com

AUTOMOBILE INSURANCE CO. OF HARTFORD CT

NAME: MARGARET MUIR-O'CONNOR, WC CLAIM MANAGER
ADDRESS: 1000-1200 AMERICAN ROAD,
MORRIS PLAINS, NJ 07950
TEL #: 973-401-3084 **FAX #:** 877-786-5568 **E-MAIL:** MMUIROCO@travelers.com

NAME: ANGELA BARBALACI, UNIT MANAGER
ADDRESS: 1200 AMERICAN ROAD
MORRIS PLAINS, NJ 07950
TEL #: 973-401-3019 **FAX #:** 877-786-5568 **E-MAIL:** ABARBALA@travelers.com

NAME: LINDA EYLER, ADMINISTRATIVE MANAGER
ADDRESS: 411 AVIATION WAY, SUITE 100
FREDERICK, MD 21701
TEL #: 301-694-4394 **FAX #:** 301-694-4242 **E-MAIL:** leyler@ave.com

AXA CORP SOLUTIONS INSURANCE COMPANY**NAME:** ALEXANDRE SCHERER, PRESIDENT**ADDRESS:** 17 STOTE STREET,
NEW YORK, NY 10004**TEL #:** 212-658-8601**FAX #:** 212-425-3285**E-MAIL:** Alexandre.Scherer@axa-
liabilitiesmanagers.com**NAME:** ROD PERRY, CLAIMS**ADDRESS:** 17 STOTE STREET
NEW YORK, NY 10004**TEL #:** 212-865-8601**FAX #:** 212-425-3799**E-MAIL:** Roderick.Perry@axa-
liabilitiesmanagers.com**AXA INSURANCE COMPANY****NAME:** ALEXANDRE SCHERER, PRESIDENT**ADDRESS:** 17 STATE STREET,
NEW YORK, NY 10004**TEL #:** 212-658-8601**FAX #:** 212-425-3285**E-MAIL:** Alexandre.Scherer@axa-lm.com**NAME:** RODERICK PERRY, VICE PRESIDENT**ADDRESS:** 17 STATE STREET
NEW YORK, NY 10004**TEL #:** 212-493-9357**FAX #:** 212-425-3799**E-MAIL:** Roderick.Perry@axa-lm.com**AXA RE PROPERTY & CASUALTY INSURANCE COMPANY****NAME:** ALEXANDRE SCHERER, PRESIDENT**ADDRESS:** 17 STATE STREET,
NEW YORK, NY 10004**TEL #:** 212-658-8601**FAX #:** 212-425-3285**E-MAIL:** Alexandre.Scherer@axa-lm.com**NAME:** RODERICK PERRY, VICE PRESIDENT**ADDRESS:** 17 STATE STREET
NEW YORK, NY 10004**TEL #:** 212-493-9537**FAX #:** 212-425-3799**E-MAIL:** Roderick.Perry@axa-lm.com**BANCINSURE, INC.****NAME:** JODI EDWARDS, CLAIMS ADJUSTER**ADDRESS:** P.O. BOX 26014,
OKLAHOMA CITY, OK 73126**TEL #:** 405-290-5679**FAX #:** 405-290-5718**E-MAIL:** jedwards@bancinsure.com**NAME:** NANCY ALLISON, CLAIMS SUPERVISOR**ADDRESS:** P.O. BOX 26104
OKLAHOMA CITY, OK 73126**TEL #:** 405-290-5641**FAX #:** 405-290-5718**E-MAIL:** nallison@bancinsure.com

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 **E-MAIL:** 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 **E-MAIL:** Mikesal226@aoc.com

BANKERS STANDARD INSURANCE COMPANY

NAME: PAM LLEWELLYN, AVP WORKERS' COMPENSATION
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4E,
WILMINGTON, DE 19803
TEL #: 302-476-7255 **FAX #:** 302-476-7858 **E-MAIL:** pamelallewellyn@ace-ina.com

NAME: GUS GONNELLA, AVP WORKERS' COMPENSATION
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4E
WILMINGTON, DE 19803
TEL #: 302-476-7822 **FAX #:** 302-476-7858 **E-MAIL:** gus.gonnella@ace-ina.com

BATH & BODY WORKS, INC.

NAME: INNAH DULAY, CASE MANAGEMENT CONSULTANT
ADDRESS: 4 LIMITED PARKWAY,
REYNOLDSBURG, OH 43068
TEL #: 614-577-6450 **FAX #:** 614-577-3959 **E-MAIL:** Idulay@limitedbrands.com

NAME: SUSAN MANOS, SUPERVISOR CASE MANAGEMENT
ADDRESS: 4 LIMITED PARKWAY
REYNOLDSBURG, OH 43068
TEL #: 614-577-6436 **FAX #:** 614-577-3306 **E-MAIL:** smanos@limitedbrands.com

BAY STATE INSURANCE COMPANY

NAME: R. SCOTT TAYLOR, ASST. CLAIMS SECRETARY
ADDRESS: 95 OLD RIVER ROAD,
ANDOVER, MA 01810
TEL #: 800-225-0770 **FAX #:** 800-323-5112 **E-MAIL:** staylor@andovercos.com

NAME: JOSEPH CATALDO, ASST. CLAIMS SECRETARY
ADDRESS: 95 OLD RIVER ROAD
ANDOVER, MA 01810
TEL #: 800-225-0770 **FAX #:** 800-323-5112 **E-MAIL:** jcataldo@andovercos.com

BERGEN REGIONAL MEDICAL CENTER

NAME: VIKI ABRAMS, CLAIMS EXAMINER
ADDRESS: QUALCARE, P.O. BOX 309,
PISCATAWAY, NJ 08855
TEL #: 732-465-6320 **FAX #:** 732-465-7355 **E-MAIL:** vabrams@qualcareinc.com

NAME: PRIMO SISCO, BENEFITS COORDINATOR
ADDRESS: BERGEN REGIONAL MEDICAL CENTER, 230 EAST RIDGEWOOD AVENUE
PARAMUS, NJ 07652
TEL #: 201-225-6736 **FAX #:** 201-967-4109 **E-MAIL:** psisco@bergenregional.com

BERKLEY INSURANCE COMPANY

NAME: KATHLEEN A FERREIRA, AVP, REGULATORY COMPLIANCE MANAGER
ADDRESS: 475 STEAMBOAT ROAD, 1ST FLOOR,
GREENWICH, CT 06830
TEL #: 800-866-2308 **FAX #:** 203-542-3804 **E-MAIL:** kferreira@signetstar.com

BERKLEY REGIONAL INSURANCE COMPANY

NAME: JOHN THELAN, ASSISTANT SECRETARY
ADDRESS: 11201 DOUGLAS AVENUE,
URBANDALE, IA 50322
TEL #: 515-473-3338 **FAX #:** 515-473-3015 **E-MAIL:** bricinsdept@cwgin.com

NAME: GREG KENDRICK, LEGAL ASSISTANT
ADDRESS: 11201 DOUGLAS AVENUE
URBANDALE, IA 50322
TEL #: 515-473-3357 **FAX #:** 515-473-3015 **E-MAIL:** bricinsdept@cwgin.com

BIRMINGHAM FIRE INSURANCE COMPANY OF PENNSYLVANIA

NAME: JANICE M. MOORE, ASST. VICE PRESIDENT
ADDRESS: CHARTIS, P.O. BOX 4050,
ALPHARETTA, GA 30023-4050
TEL #: 302-765-1635 **FAX #:** 302-765-1806 **E-MAIL:** JaniceM.Moore@chartisinsurance.com

NAME: MELODY KENSEY, ADMINISTRATIVE ASSISTANT
ADDRESS: CHARTIS, P.O. BOX 4050
ALPHARETTA, GA 30023-4050
TEL #: 302-765-1629 **FAX #:** 302-765-1800 **E-MAIL:** melody.fralick@chartisinsurance.com

BITUMINOUS CASUALTY CORPORATION

NAME: BOB MCACHREN, CLAIMS MANAGER
ADDRESS: FOSTER PLAZA 5, 651 HOLIDAY DRIVE,
PITTSBURGH, PA 15220
TEL #: 412-937-9000 **FAX #:** 412-937-1143 **E-MAIL:** bmcachren@bituminousinsurance.com

NAME: LARRY GORMAN, ASST. VICE PRESIDENT, CLAIMS
ADDRESS: 320 18TH STREET
ROCK ISLAND, IL 61201
TEL #: 309-732-0266 **FAX #:** 309-786-7073 **E-MAIL:** lgorman@bituminousinsurance.com

BITUMINOUS FIRE & MARINE INSURANCE COMPANY

NAME: BOB MCACHREN, CLAIMS MANAGER
ADDRESS: FOSTER PLAZA 5, 651 HOLIDAY DRIVE,
PITTSBURGH, PA 15220
TEL #: 412-937-9000 **FAX #:** 412-937-1143 **E-MAIL:** bmcachren@bituminousinsurance.com

NAME: LARRY GORMAN, ASST. VICE PRESIDENT, CLAIMS
ADDRESS: 320 18TH STREET
ROCK ISLAND, IL 61201
TEL #: 309-732-0266 **FAX #:** 309-786-7073 **E-MAIL:** lgorman@bituminousinsurance.com

BOSTON-OLD COLONY INSURANCE COMPANY

NAME: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
ADDRESS: 333 S. WABASH AVENUE 38-C,
CHICAGO IL 60604
TEL #: 312-822-4751 **FAX #:** 312-260-6320 **E-MAIL:** elizabeth.sieks@cna.com

NAME: KATHLEEN PAGNANO, VICE PRESIDENT WORKERS' COMPENSATION
ADDRESS: 333 WABASH AVENUE 39-C
CHICAGO IL 60604
TEL #: 312-822-6869 **FAX #:** 312-894-2670 **E-MAIL:** kathleen.pagnano@cna.com

BROTHERHOOD MUTUAL INSURANCE COMPANY

NAME: DEBBIE BENZINGER, SR. MANAGER, WC CLAIMS
ADDRESS: 6400 BROTHERHOOD WAY, P.O. BOX 2227,
FORT WAYNE, NJ 46801-2227
TEL #: 260-482-8668 **FAX #:** 260-482-3589 **E-MAIL:** dbenzinger@brotherhoodmutual.com

NAME: DAVID ROESENER, REGULATORY AND COMPLIANCE DIRECTOR
ADDRESS: 6400 BROTHERHOOD WAY, P.O. BOX 2227
FORT WAYNE, NJ 46801-2227
TEL #: 260-482-8668 **FAX #:** 260-483-7525 **E-MAIL:** droesener@brotherhoodmutual.com

BROWN FORMAN CORP.

NAME: MARGARET KELLEY, VP DIRECTOR GRP RISK MGT.
ADDRESS: 850 DIXIE HIGHWAY,
LOUISVILLE, KY 40210
TEL #: 502-774-7134 **FAX #:** 502-774-6721 **E-MAIL:** peggy-kelley@b-f.com

CAMBRIDGE MUTUAL FIRE INSURANCE COMPANY

NAME: R. SCOTT TAYLOR, ASST. CLAIMS SECRETARY
ADDRESS: 95 OLD RIVER ROAD,
ANDOVER, MA 01810
TEL #: 800-225-0770 **FAX #:** 800-323-5112 **E-MAIL:** staylor@andovercos.com

NAME: JOSEPH CATALDO, ASST. CLAIMS SECRETARY
ADDRESS: 95 OLD RIVER ROAD
ANDOVER, MA 01810
TEL #: 800-225-0770 **FAX #:** 800-323-5112 **E-MAIL:** jcataldo@andovercos.com

CAMDEN FIRE INSURANCE ASSOCIATION

NAME: BRETT BRADY, WC SUPERVISOR
ADDRESS: ONEBEACON INSURANCE GROUP, P.O. BOX 302,
BUFFALO NY 14240
TEL #: 781-332-9023 **FAX #:** 866-578-4937 **E-MAIL:** bbrady@onebeacon.com

NAME: DAVID JOHNSON, CLAIMS MANAGER
ADDRESS: ONEBEACON INSURANCE GROUP, P.O. BOX 302
BUFFALO NY 14240
TEL #: 781-332-9048 **FAX #:** 866-505-2478 **E-MAIL:** dljohnson@onebeacon.com

CAMDEN, RC DIOCESE OF

NAME: PATRICIA NAPIER, SR. WC CLAIMS SUPERVISOR
ADDRESS: P.O. BOX 500,
SOMERS POINT, NJ 08244-0500
TEL #: 800-367-0138 ext. 2046 **FAX #:** 609-926-8038 **E-MAIL:** tnapier@sciadvantage.com

NAME: LINDA DEROUIN, LITIGATED SUPERVISOR
ADDRESS: P.O. BOX 500
SOMERS POINT, NJ 08244-0500
TEL #: 800-367-0138 ext. 2058 **FAX #:** 609-926-8038 **E-MAIL:** lderouin@sciadvantage.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 **E-MAIL:** 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 #:** -- **E-MAIL:** pnapier@scibal.com

CAROLINA CASUALTY INSURANCE COMPANY

NAME: LORI ZOBLER, DIRECTOR OF CLAIMS
ADDRESS: 2445 KUSER RD, STE 201,
HAMILTON NJ 08690
TEL #: 609-584-4563 **FAX #:** 866-921-7316 **E-MAIL:** LZobler@berkleynet.com

NAME: JOHN BURKE, SR VP AND CHIEF CLAIMS OFFICER
ADDRESS: BERKLEynet UNDERWRITERS LLC, 12701 MARBLESTONE DRIVE, SUITE 250
WOODBRIDGE VA 22192
TEL #: 703-586-6304 **FAX #:** 866-790-2220 **E-MAIL:** JBurke@berkleynet.com

CASTLEPOINT INSURANCE COMPANY

NAME: LAURA DANIELS, WC SUPERVISOR
ADDRESS: 225 BROADHOLLOW ROAD, SUITE 410E,
MELVILLE, NY 11747
TEL #: 631-465-1429 **FAX #:** 631-465-1425 **E-MAIL:** ldaniels@twrgrp.com

NAME: DEBORAH KREMER, WC SUPERVISOR
ADDRESS: 225 BROADHOLLOW ROAD, SUITE 410E
MELVILLE, NY 11747
TEL #: 631-465-1443 **FAX #:** 631-465-1425 **E-MAIL:** dkremer@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 **E-MAIL:** 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 **E-MAIL:** 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 **E-MAIL:** 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 **E-MAIL:** drichardson@murphybeane.com

CECORR INC

NAME: TIM B STARKS, SR. WC MANAGER
ADDRESS: 133 PEACHTREE STREET, NE,
ATLANTA, GA 30303
TEL #: 404-652-4642 **FAX #:** 404-654-4958 **E-MAIL:** Tistark@gapac.com

NAME: LIZ WYNACHT, MANAGER - WC
ADDRESS: 1333 PEACHTREE STREET, NE
ATLANTA, GA 30303
TEL #: 404-652-4640 **FAX #:** -- **E-MAIL:** eawynach@gapac.com

CENTENNIAL INSURANCE COMPANY

NAME: MARIA E BASINSKI, NATIONAL WC CLAIMS ADMINISTRATOR
ADDRESS: 7 GIRALDA FARMS, STE 120,
MADISON NJ 07940-1027
TEL #: 973-408-6208 **FAX #:** 973-408-6121 **E-MAIL:** mbasinski@atlanticmutual.com

NAME: MERRELES SCHUMANN, ASST VICE PRESIDENT, CASUALTY CLAIMS
ADDRESS: 7 GIRALDA FARMS, STE 120
MADISON NJ 07940-1027
TEL #: 973-408-6056 **FAX #:** 973-408-6121 **E-MAIL:** mschumann@atlanticmutual.com

CENTRAL MUTUAL INSURANCE COMPANY

NAME: CAROL S LININGER, CLAIMS MANAGER
ADDRESS: P.O. BOX 353,
VAN WERT, OH 45891
TEL #: 419-238-1010 **FAX #:** 800-736-7026 **E-MAIL:** clininger@central-insurance.com

NAME: DEB GROTHOUSE, MEDICAL COST CONTAINMENT SUPERVISOR
ADDRESS: P.O. BOX 353
VAN WERT, OH 45891
TEL #: 419-238-1010 **FAX #:** 800-736-7026 **E-MAIL:** dgrothouse@central-insurance.com

CENTURY INDEMNITY COMPANY

NAME: PAM LLEWELLYN, AVP WORKERS' COMPENSATION
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4E,
WILMINGTON, DE 19803
TEL #: 302-476-7255 **FAX #:** 302-476-7858 **E-MAIL:** pamelallewellyn@ace-ina.com

NAME: GUS GONNELLA, AVP WORKERS' COMPENSATION
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4E
WILMINGTON, DE 19803
TEL #: 302-476-7822 **FAX #:** 302-476-7858 **E-MAIL:** gus.gonnella@ace-ina.com

CGU INSURANCE COMPANY

NAME: BRETT BRADY, WORKERS COMPENSATION SUPERVISOR
ADDRESS: P.O. BOX 302,
BUFFALO NY 14240
TEL #: 781-332-9023 **FAX #:** 866-578-4937 **E-MAIL:** bbrady@onebeacon.com

NAME: DAVID JOHNSON, CLAIMS MANAGER
ADDRESS: P.O. BOX 302
BUFFALO NY 14240
TEL #: 781-332-9048 **FAX #:** 866-505-2478 **E-MAIL:** djohnson@onebeacon.com

CHARTER OAK FIRE INSURANCE COMPANY

NAME: MARGARET MUIR-O'CONNOR, WC CLAIM MANAGER
ADDRESS: 1000-1200 AMERICAN ROAD,
MORRIS PLAINS, NJ 07950
TEL #: 973-401-3084 **FAX #:** 877-786-5568 **E-MAIL:** MMUIROCO@travelers.com

NAME: ANGELA BARBALACI, UNIT MANAGER
ADDRESS: 1200 AMERICAN ROAD
MORRIS PLAINS, NJ 07950
TEL #: 973-401-3019 **FAX #:** 877-786-5568 **E-MAIL:** ABARBALA@travelers.com

CHEROKEE INSURANCE COMPANY

NAME: SCOTT PHILLIPS, CLAIM REPRESENTATIVE
ADDRESS: P.O. BOX 159,
WARREN, MI 48090
TEL #: 800-201-0450 ext. 3438 **FAX #:** 586-939-8720 **E-MAIL:** sphillips@cherokeeeinsurance.com

NAME: LAURA BOOTH, CLAIM REPRESENTATIVE
ADDRESS: P.O. BOX 159
WARREN, MI 48090
TEL #: 800-201-0450 ext. 3411 **FAX #:** 586-939-8720 **E-MAIL:** lbooth@cherokeeeinsurance.com

CHUBB INDEMNITY INSURANCE COMPANY

NAME: ANDY HERBERT, CLAIMS SUPERVISOR
ADDRESS: 15 MOUNTAIN VIEW ROAD, P.O. BOX 1616,
WARREN, NJ 07059
TEL #: 908-903-5551 **FAX #:** 908-903-5537 **E-MAIL:** asherbert@chubb.com

NAME: CRAIG FARINA, CLAIMS MANAGER
ADDRESS: 15 MOUNTAIN VIEW ROAD, P.O. BOX 1616
WARREN, NJ 07059
TEL #: 908-903-5517 **FAX #:** 908-903-5537 **E-MAIL:** cfarina@chubb.com

CHURCH MUTUAL INSURANCE COMPANY

NAME: DAVID A SEISER, CLAIM MANAGER, WC
ADDRESS: P.O. BOX 342,
MERRILL, WI 54452
TEL #: 715-539-4626 **FAX #:** 715-539-4651 **E-MAIL:** dseiser@churchmutual.com

NAME: TEENA NOVOTNY, CLAIMS SUPERVISOR, WC
ADDRESS: P.O. BOX 342
MERRILL, WI 54452
TEL #: 715-539-4912 **FAX #:** 715-539-4651 **E-MAIL:** tnovotny@churchmutual.com

CITIZENS CASUALTY COMPANY OF NEW YORK

NAME: CHERYL UNGER, UNIT MANAGER
ADDRESS: PO BOX 15144,
WORCESTER MA 01615
TEL #: 508-855-3094 **FAX #:** 506-635-0419 **E-MAIL:** cungar@hanover.com

NAME: PAULA ANDRADE, WC UNIT MANAGER
ADDRESS: PO BOX 15144
WORCESTER MA 01615
TEL #: 508-855-5893 **FAX #:** 508-635-0396 **E-MAIL:** pandrade@hanover.com

CLARENDON NATIONAL INSURANCE COMPANY

NAME: LOUIS PIPPIN, VICE PRESIDENT
ADDRESS: 3503 N.W. 63RD STREET, SUITE 204,
OKLAHOMA CITY, OK 73116
TEL #: 405-840-0950 **FAX #:** -- **E-MAIL:** lpippin@midman.com

NAME: PAT BROOKS
ADDRESS: 3503 N.W. 63RD STREET, SUITE 204
OKLAHOMA CITY, OK 73116
TEL #: 405-840-0074 **FAX #:** -- **E-MAIL:** pbrooks@midman.com

COLISEUM REINSURANCE COMPANY

NAME: ALEXANDRE SCHERER, PRESIDENT
ADDRESS: 17 STATE STREET,
NEW YORK, NY 10004
TEL #: 212-658-8601 **FAX #:** 212-425-3285 **E-MAIL:** Alexandre.Scherer@axa-lm.com

NAME: RODERICK PERRY, VICE PRESIDENT
ADDRESS: 17 STATE STREET
NEW YORK, NY 10004
TEL #: 212-493-9357 **FAX #:** 212-425-3799 **E-MAIL:** Roderick.Perry@axa-lm.com

COLOGNE REINSURANCE COMPANY OF AMERICA

NAME: ADAM D ROBERTS, VP AND ASST. GENERAL COUNSEL
ADDRESS: 695 EAST MAIN STREET,
STAMFORD, CT 06904
TEL #: 203-328-6514 **FAX #:** 203-328-5877 **E-MAIL:** aroberts@genre.com

NAME: LORRAINE COCCOLA, ASST. SECRETARY
ADDRESS: 695 EAST MAIN STREET
STAMFORD, CT 06904
TEL #: 203-328-6027 **FAX #:** 203-328-5877 **E-MAIL:** lcoccola@genre.com

COLONIAL AMERICAN CASUALTY & SURETY COMPANY

NAME: MARIO BRACUTI, AVP - BRANCH MANAGER
ADDRESS: 1 UPPER POND ROAD, BLDG. E/F,
PARSIPPANY, NJ 07054
TEL #: 973-394-5205 **FAX #:** 973-394-5285 **E-MAIL:** mario.bracuti@zurichna.com

NAME: BRIAN DOOLEY, TEAM MANAGER
ADDRESS: 1 UPPER POND ROAD, BLDG. E/F
PARSIPPANY, NJ 07054
TEL #: 973-394-5281 **FAX #:** 973-394-5262 **E-MAIL:** brian.dooley@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 **E-MAIL:** ksayre@risksolutions.com

NAME: APRIL GRANGER, CLAIMS REPRESENTATIVE
ADDRESS: P.O. BOX 68
NEWTON, NJ 07860
TEL #: 973-940-1851 **FAX #:** 973-940-1852 **E-MAIL:** agranger@risksolutions.com

COMMERCE & INDUSTRY INSURANCE COMPANY

NAME: JANICE MOORE, ASSISTANT VICE PRESIDENT
ADDRESS: CHARTIS, P.O. BOX 9973,
WILMINGTON, DE 19809
TEL #: 302-765-1635 **FAX #:** 302-765-1806 **E-MAIL:** JaniceM.Moore@chartisinsurance.com

NAME: MELODY KENSEY, ADMINISTRATIVE ASSISTANT
ADDRESS: CHARTIS, P.O. BOX 9973
WILMINGTON, DE 19809
TEL #: 302-765-1629 **FAX #:** 302-765-1806 **E-MAIL:** melody.fralick@chartisinsurance.com

COMMERCIAL INSURANCE COMPANY OF NEWARK

NAME: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
ADDRESS: 333 W. WABASH AVENUE 38 -C,
CHICAGO IL 60604
TEL #: 312-822-4751 **FAX #:** 312-260-6320 **E-MAIL:** elizabeth.sieks@cna.com

NAME: KATHEEN PAGNANO, VICE PRESIDENT WORKERS' COMPENSATION
ADDRESS: 333 W. WABASH AVENUE 38 -C
CHICAGO IL 60604
TEL #: 312-882-6869 **FAX #:** 312-894-2670 **E-MAIL:** kathleen.pagnano@cna.com

COMPANION PROPERTY & CASUALTY INSURANCE COMPANY

NAME: TERRY SMITH, MANAGER OF NJ OPERATIONS
ADDRESS: 8000 MIDLANTIC DRIVE, SUITE 410N,
MT. LAUREL, NJ 08054
TEL #: 856-380-6530 **FAX #:** 866-441-5329 **E-MAIL:** Terry.Smith@compservicesinc.com

NAME: MARK MORRONE, SENIOR CLAIMS REPRESENTATIVE
ADDRESS: 8000 MIDLANTIC DRIVE, SUITE 410N
MT. LAUREL, NJ 08054
TEL #: 856-380-6531 **FAX #:** 866-441-5329 **E-MAIL:** Mark.Morrone@compservicesinc.com

CONAGRA FOODS INC AND SUBS

NAME: LEONARD O WEAVER, MANAGER, CLAIMS
ADDRESS: CONAGRA FOODS, INC., ONE CONAGRA DRIVE, 1-220,
OMAHA, NE 68102-5094
TEL #: 402-595-4024 **FAX #:** 402-516-0267 **E-MAIL:** Leonard.Weaver@conagrafoods.com

CONTINENTAL CASUALTY COMPANY (CNA)

NAME: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
ADDRESS: 333 S. WABASH AVE., 38S,
CHICAGO, IL 60604
TEL #: 312-822-4751 **FAX #:** 312-260-6320 **E-MAIL:** elizabeth.sieks@cna.com

NAME: KATHLEEN PAGNANO, VICE PRESIDENT - WC
ADDRESS: 333 S. WABASH AVE., 38S
CHICAGO, IL 60604
TEL #: 312-822-6869 **FAX #:** 312-894-2670 **E-MAIL:** kathleen.pagnano@cna.com

CONTINENTAL INDEMNITY COMPANY

NAME: NATHAN WEIDES, CLAIMS TEAM LEADER
ADDRESS: P.O. BOX 3804,
OMAHA, NE 68103
TEL #: 877-234-4420 **FAX #:** 877-234-4425 **E-MAIL:** nweides@auw.com

NAME: PETER GUNN, DIRECTOR OF CLAIMS
ADDRESS: P.O. BOX 3804
OMAHA, NE 68103
TEL #: 877-234-4420 **FAX #:** 877-234-4425 **E-MAIL:** pgunn@auw.com

CONTINENTAL INSURANCE COMPANY

NAME: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
ADDRESS: 333 S. WABASH AVENUE - 38S,
CHICAGO IL 60604
TEL #: 312-822-4751 **FAX #:** 312-260-6320 **E-MAIL:** elizabeth.sieks@cna.com

NAME: KATHLEEN PAGNANO, VICE PRESIDENT WORKERS COMPENSATION
ADDRESS: 333 S. WAWBASH AVENUE - 38S
CHICAGO IL 60604
TEL #: 312-822-6869 **FAX #:** 312-894-2670 **E-MAIL:** kathleen.pagnano@cna.com

CONTINENTAL INSURANCE COMPANY OF NEW JERSEY

NAME: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
ADDRESS: 333 S. WABASH AVE., 38S,
CHICAGO, IL 60604
TEL #: 312-822-4751 **FAX #:** 312-260-6320 **E-MAIL:** elizabeth.sieks@cna.com

NAME: KATHLEEN PAGNANO, VICE PRESIDENT - WORKERS' COMPENSATION
ADDRESS: 333 S. WABASH AVE., 38S
CHICAGO, IL 60604
TEL #: 312-822-6869 **FAX #:** 312-894-2670 **E-MAIL:** kathleen.pagnano@cna.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 **E-MAIL:** 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 **E-MAIL:** vonderhayden-
k@cooperhealth.edu

COSTCO WHOLESALE CORPORATION

NAME: EDWARD W FRITSCH, CLAIMS SUPERVISOR
ADDRESS: SCMS, P.O. BOX 14517,
LEXINGTON, KY 40512-4517
TEL #: 215-231-3804 **FAX #:** 215-231-3800 **E-MAIL:** njmotions@sedgwickcms.com

NAME: MICKEY PINEIRO, WORKERS' COMP MANAGER
ADDRESS: SCMS, P.O. BOX 14517
LEXINGTON, KY 40512-4517
TEL #: 215-231-3908 **FAX #:** 215-231-3800 **E-MAIL:** njmotions@sedgwickcms.com

COUNTRYWAY INSURANCE COMPANY

NAME: DEBRA BOEK, CASUALTY CLAIMS MANAGER
ADDRESS: P.O. BOX 4851,
SYRACUSE, NY 13221
TEL #: 315-634-5220 **FAX #:** 315-634-5321 **E-MAIL:** dboek@countryway.com

NAME: JUNE DATENA, LITIGATION COORDINATOR
ADDRESS: P.O. BOX 4851
SYRACUSE, NY 13221
TEL #: 315-634-5247 **FAX #:** 315-634-5321 **E-MAIL:** jdatena@countryway.com

CRUM & FORSTER INDEMNITY COMPANY

NAME: ARLENE LYONS, WC MANAGER
ADDRESS: 305 MADISON AVENUE, P.O. BOX 1960,
MORRISTOWN, NJ 07962
TEL #: 973-490-6016 **FAX #:** 877-622-6197 **E-MAIL:** Arlene-Lyons@cfins.com

NAME: MELISSA KOVACSY, ASST. VICE PRESIDENT
ADDRESS: 305 MADISON AVENUE
MORRISTOWN, NJ 07962
TEL #: 973-490-6690 **FAX #:** 877-622-6197 **E-MAIL:** Melissa-Kovacsy@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 **E-MAIL:** 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 **E-MAIL:** NBano@cumberlandgroup.com

CUMBERLAND MUTUAL FIRE INSURANCE COMPANY

NAME: KENNETH MAILLEY, CLAIMS MANAGER
ADDRESS: 633 SHILO PIKE, P.O. BOX 556,
BRIDGETON, NJ 08302
TEL #: 856-451-4050 **FAX #:** 856-455-8468 **E-MAIL:** 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 **E-MAIL:** nbano@cumberlandgroup.com

CVS/CAREMARK CORPORATION

NAME: LISA HOUDE, WC EXAMINER
ADDRESS: ONE CVS DRIVE,
WOUNSOCKET, RI 02895
TEL #: 401-765-1500 ext. 7889 **FAX #:** 401-770-5244 **E-MAIL:** emhoude@cvs.com

NAME: JOCELYN RUSHEY, WC MANAGER
ADDRESS: ONE CVS DRIVE
WOUNSOCKET, RI 02895
TEL #: 401-765-1500 ext. 7895 **FAX #:** 401-770-5244 **E-MAIL:** jmbushey@cvs.com

DAIMLERCHRYSLER INSURANCE COMPANY

NAME: PAUL KELLER, CLAIMS
ADDRESS: 27777 INKSTER ROAD,
FARMINGTON HILLS, MI 48334
TEL #: 248-427-4173 **FAX #:** 248-427-4166 **E-MAIL:** pj4@chrysler.com

NAME: JOHN ROMAN
ADDRESS: 1420 MINERAL SPRING
N. PROVIDENCE, RI 02904
TEL #: 800-572-5644 **FAX #:** 888-269-2200 **E-MAIL:** John.Roman@cambridge-na.com

DALLAS NATIONAL INSURANCE COMPANY

NAME: FRANK WALSH, WC SUPERVISOR
ADDRESS: 14160 DALLAS PARKWAY, SUITE 500,
DALLAS, TX 75254
TEL #: 972-233-0178 ext. 318 **FAX #:** 972-233-0191 **E-MAIL:** frankw@dallasnationalins.com

NAME: JOSE BABB, WC SUPERVISOR
ADDRESS: 14160 DALLAS PARKWAY, SUITE 500
DALLAS, TX 75254
TEL #: 972-233-0178 ext. 407 **FAX #:** 972-233-0191 **E-MAIL:** joseb@dallasnationalins.com

DCH AUTO GROUP INC & SUBS

NAME: JOHN BRUTHER, CFO
ADDRESS: 955 ROUTE 9 NORTH,
SOUTH AMBOY, NJ 08879
TEL #: 732-727-9168 **FAX #:** 732-727-8373 **E-MAIL:** jbruther@dchusa.com

NAME: GENE HALLENBECK, VP OF HUMAN RESOURCES
ADDRESS: 955 ROUTE 9 NORTH
SOUTH AMBOY, NJ 08879
TEL #: 732-727-7692 **FAX #:** 732-727-8373 **E-MAIL:** ghallenbeck@dchusa.com

DEERFIELD INSURANCE COMPANY

NAME: DEBRA M PIPER, ASST. VP & ASST. SECRETARY
ADDRESS: 10 PARKWAY NORTH,
DEERFIELD, IL 60015
TEL #: 847-572-6383 **FAX #:** 847-572-6389 **E-MAIL:** piper@markelcorp.com

NAME: JOANNE FRIAS, INSURANCE REGULATORY ADMINISTRATOR
ADDRESS: 10 PARKWAY NORTH
DEERFIELD, IL 60015
TEL #: 847-572-6398 **FAX #:** 847-572-6389 **E-MAIL:** jfrias@markelcorp.com

DELOS INSURANCE COMPANY

NAME: BRIAN T MCCULLY, SR. VP -GENERAL COUNSEL
ADDRESS: 120 W. 45TH STREET, 36TH FLOOR,
NEW YORK, NY 10036
TEL #: 212-702-2120 **FAX #:** 212-302-9279 **E-MAIL:** bmccully@delosinsurance.com

NAME: RICHARD STARKIE, VICE PRESIDENT, CLAIMS MANAGER
ADDRESS: 120 W. 45TH STREET, 36TH FLOOR
NEW YORK, NY 10036
TEL #: 212-702-2106 **FAX #:** 212-302-9279 **E-MAIL:** rstarkie@delosinsurance.com

DELPHI AUTOMOTIVE SYSTEMS CORP.

NAME: PAOLA VESPA, CLAIMS SUPERVISOR
ADDRESS: DELPHI NATIONAL BENEFIT CENTER, 25330 TELEGRAPH ROAD, SUITE 440,
SOUTHFIELD, MI 48033
TEL #: 248-603-8165 **FAX #:** 248-223-6321 **E-MAIL:** Paola.Vespa@sedgwickcms.com

NAME: DAWN WAGONER, CLAIM EXAMINER
ADDRESS: DELPHI NATIONAL BENEFIT CENTER, 25330 TELEGRAPH ROAD, SUITE 440
SOUTHFIELD, MI 48033
TEL #: 248-603-8186 **FAX #:** 248-223-6361 **E-MAIL:** dwagoner@sedgwickcms.com

DIAMOND STATE INSURANCE COMPANY

NAME: FRANK PERPIGLIA, VICE PRESIDENT, WORKERS' COMPENSATION CLAIMS
ADDRESS: THREE BALA PLAZA EAST, SUITE 300,
BALA CYNWYD, PA 19004
TEL #: 610-668-3279 **FAX #:** 866-603-7203 **E-MAIL:** fperpiglia@compglobal.com

NAME: MARGARET MCMANUS, MANAGER, CLAIMS OPERATIONS
ADDRESS: THREE BALA PLAZA EAST, SUITE 300
BALA CYNWYD, PA 19004
TEL #: 610-660-6872 **FAX #:** 610-660-8885 **E-MAIL:** mmcmanus@uai-group.com

DIGIORGIO CORP.

NAME: JACQUELIN R SIMMONS, VICE-PRESIDENT OF HUMAN RESOURCES
ADDRESS: 380 MIDDLESEX AVENUE,
CARTERET, NJ 07008
TEL #: 732-541-3551 **FAX #:** 732-541-3520 **E-MAIL:** jsimm@whiterose.com

NAME: JOHN M KOCOT, WORKERS' COMP. CLAIMS ADMINISTRATOR
ADDRESS: 380 MIDDLESEX AVENUE
CARTERET, NJ 07008
TEL #: 732-541-3654 **FAX #:** 732-541-3507 **E-MAIL:** jkoco@whiterose.com

DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY

NAME: JACLYN WASTA, CLAIM SERVICE REPRESENTATIVE
ADDRESS: 5 BATTERSON PARK,
FARMINGTON, CT 06032
TEL #: 860-284-2647 **FAX #:** 860-677-4352 **E-MAIL:** jwasta@discover-re.com

NAME: SUZANNE SHEA, LOSS DATA ANALYST
ADDRESS: 5 BATTERSON PARK
FARMINGTON, CT 06032
TEL #: 860-284-2678 **FAX #:** 860-677-4352 **E-MAIL:** sshea@discover-re.com

DOLGENCORP, INC.

NAME: DAVID STEFFES, SR.ANALYST
ADDRESS: 100 MISSION RIDGE,
GOODLETTSVILLE, TN 37072
TEL #: 615-855-5145 **FAX #:** 615-855-5114 **E-MAIL:** dsteffes@dollargeneral.com

NAME: CHAD DAVIS, ACCOUNT EXECUTIVE
ADDRESS: 5000 BRADENTON AVENUE
DUBLIN OH 43017
TEL #: 614-766-8732 **FAX #:** 614-932-8688 **E-MAIL:** cdavis@avizentrisk.com

E.I. DUPONT DE NEMOURS & COMPANY

NAME: BRUCE D PEIFFER, TEAM MANAGER
ADDRESS: BROADSPIRE, A CRAWFORD COMPANY, CONNELL CORPORATE CTR. III, 3 OAK WAY, P.O. BOX
608
BERKELEY HEIGHTS, NJ 07922
TEL #: 908-508-4890 **FAX #:** 908-508-4850 **E-MAIL:** bpeiffer@choosebroadspire.com

NAME: CAROLE A CARR, TREASURY SPECIALIST
ADDRESS: E.I. SUPONT DE NEMOURS AND CO., 1007 MARKET STREET, D8065
WILMINGTON, DE 19898
TEL #: 302-773-6473 **FAX #:** 302-773-3428 **E-MAIL:** carole.a.carr@usa.dupont.com

EASTERN ALLIANCE INSURANCE COMPANY

NAME: JOHN S HANLON, DIRECTOR OF CLAIMS COMPLIANCE
ADDRESS: EASTERN ALLIANCE INSURANCE GROUP, 25 RACE AVENUE,
LANCASTER, PA 17603
TEL #: 888-654-7100 **FAX #:** 717-481-7199 **E-MAIL:** jhanlon@cains.com

NAME: KELLI CHAPMAN, CLAIMS MANAGER
ADDRESS: EASTERN ALLIANCE INSURANCE GROUP, 25 RACE AVENUE
LANCASTER, PA 17603
TEL #: 888-654-7100 **FAX #:** 717-481-7170 **E-MAIL:** kchapman@cains.com

EASTERN CASUALTY INSURANCE COMPANY

NAME: STEWART MCINTIRE, VICE PRESIDENT
ADDRESS: 325 DONALD J. LYNCH BLVD.,
MARLBOROUGH, MA 01752
TEL #: 508-303-1092 **FAX #:** 508-303-1010 **E-MAIL:** smcintire@eastern-casualty.com

NAME: MARY JANE PEOPLES, EXECUTIVE V.P.
ADDRESS: 325 DONALD J. LYNCH BLVD.
MARLBOROUGH, MA 01752
TEL #: 508-303-1000 ext. 1100 **FAX #:** 508-303-1010 **E-MAIL:** mpeoples@eastern-casualty.com

EASTGUARD INSURANCE COMPANY

NAME: MARY COSTA, WC CLAIMS SUPERVISOR
ADDRESS: 110 S. JEFFERSON ROAD, 3RD FLOOR,
WHIPPANY, NJ 07981-1038
TEL #: 800-673-2465 ext. 7813 **FAX #:** 866-852-4312 **E-MAIL:** mcosta@guard.com

NAME: MICHAEL POLICASTRO, MANAGING ATTORNEY
ADDRESS: 110 S. JEFFERSON ROAD, 3RD FLOOR
WHIPPANY, NJ 07981-1038
TEL #: 845-536-4545 **FAX #:** 866-852-4312 **E-MAIL:** mpolICASTRO@guard.com

ELECTRIC INSURANCE COMPANY

NAME: PAT NICKEL, ADJUSTER
ADDRESS: GE WC REGIONALSERVICE CENTER, 1 CORPORATE PLAZA, SUITE 104, 260 WASHINGTON STREET
EXT.
ALBANY, NY 12212
TEL #: 518-218-2207 **FAX #:** 978-232-1907 **E-MAIL:** 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 **E-MAIL:** julie.kiely@electricinsurance.com

EMPLOYERS FIRE INSURANCE COMPANY

NAME: BRETT BRADY, WC SUPERVISOR
ADDRESS: ONEBEACON INSURANCE GROUP, P.O. BOX 302,
BUFFALO, NY 14240
TEL #: 781-332-9023 **FAX #:** 866-578-4937 **E-MAIL:** bbrady@onebeacon.com

NAME: DAVID JOHNSON, CLAIMS MANAGER
ADDRESS: ONEBEACON INSURANCE GROUP, P.O. BOX 302
BUFFALO, NY 14240
TEL #: 781-332-9048 **FAX #:** 866-505-2478 **E-MAIL:** dljohnson@onebeacon.com

EMPLOYERS MUTUAL CASUALTY COMPANY

NAME: JAMES N ZEIGLER, BRANCH CLAIMS MANAGER
ADDRESS: 1610 MEDICAL DRIVE, SUITE 205,
POTTSTOWN, PA 19464
TEL #: 610-427-6203 **FAX #:** 610-327-6857 **E-MAIL:** James.N.Zeigler@EMCIns.com

NAME: CATHY BROWN, CLAIMS SUPERVISOR
ADDRESS: 1610 MEDICAL DRIVE, SUITE 205
POTTSTOWN, PA 19464
TEL #: 610-427-6208 **FAX #:** 610-327-6857 **E-MAIL:** Cathy.M.Brown@EMCIns.com

EMPLOYERS PREFERRED INSURANCE CO

NAME: DAVID MACY, MANAGER, CLAIMS
ADDRESS: 412 E. PARKCENTER BLVD., SUITE 320,
BOISE, ID 83706
TEL #: 208-424-4703 **FAX #:** 208-424-7471 **E-MAIL:** dmacy@employers.com

NAME: KATHRYN WHETSON, VP, REGIONAL CLAIMS
ADDRESS: 851 TRAFALGAR COURT, SUITE 400E
MAITLAND, FL 32751
TEL #: 407-221-7816 **FAX #:** 702-671-7881 **E-MAIL:** kwhetstone@employers.com

EULER HERMES AMERICAN CREDIT INDEMNITY COMPANY

NAME: ELAINE SKRZYPIEC, SR. HR GENERALIST
ADDRESS: 800 RED BROOK BLVD.,
OWINGS MILLS, MD 21117
TEL #: 410-753-0713 **FAX #:** 410-753-0945 **E-MAIL:** elaine.skrzypiec@eulerhermes.com

NAME: ANNE DENFORD, HR MANAGER
ADDRESS: 800 RED BROOK BLVD.
OWINGS MILLS, MD 21117
TEL #: 410-753-0713 **FAX #:** 410-753-0945 **E-MAIL:** anne.denford@eulerhermes.com

EVEREST NATIONAL INSURANCE COMPANY

NAME: ELENA BITNER, CLAIM MANAGER
ADDRESS: 477 MARTINSVILLE ROAD,
LIBERTY CORNER, NJ 07938
TEL #: 908-604-3281 **FAX #:** 908-604-3525 **E-MAIL:** elena.bitner@everestre.com

NAME: TOM CAREY, CLAIM DIRECTOR
ADDRESS: 477 MARTINSVILLE ROAD
LIBERTY CORNER, NJ 07938
TEL #: 908-604-3344 **FAX #:** 908-604-3525 **E-MAIL:** tom.carey@everestre.com

EXCELSIOR INSURANCE COMPANY

NAME: TODD GANCARZ, UNIT LEADER
ADDRESS: 5062 BRITTONFIELD PARKWAY,
EAST SYRACUSE, NY 13057
TEL #: 315-431-6131 **FAX #:** 800-526-0681 **E-MAIL:** 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 **E-MAIL:** Karen.Peinkofer@peerless-ins.com

EXXONMOBIL RESRCH & ENGINEERING CO

NAME: JOHN E DILL, CLAIMS SUPERVISOR
ADDRESS: 3225 GALLOWS ROAD, ROOM 2C2126,
FAIRFAX, VA 22037
TEL #: 703-846-2484 **FAX #:** 703-846-2363 **E-MAIL:** john.e.dill@exxonmobile.com

NAME: ALAN W RAPEE, TEAM LEAD
ADDRESS: 3225 GALLOWS ROAD, ROOM 2C1734
FAIRFAX, VA 22037
TEL #: 703-846-7247 **FAX #:** 703-846-2362 **E-MAIL:** alan.w.rapee@exxonmobil.com

FAIRFIELD INSURANCE COMPANY

NAME: MARILEE KEANE, VICE PRESIDENT
ADDRESS: 1717 ARCH STREET,
PHILADELPHIA, PA 19103
TEL #: 215-988-7125 **FAX #:** 215-988-7177 **E-MAIL:** mjkeane@gumc.com

NAME: VALERIE DIDONATO, TEAM LEADER
ADDRESS: P.O. BOX 31080
TAMPA, FL 00000
TEL #: 302-476-7216 **FAX #:** 800-611-7048 **E-MAIL:** valerie.didonato@esis.com

FAIRMONT PREMIER INSURANCE COMPANY

NAME: LUCI PALAZZOLO, MANAGER, STATUTORY ACCOUNTING
ADDRESS: RIVERSTONE RESOURCES, LLC, 250 COMMERCIAL STREET, SUITE 5000,
MANCHESTER, NH 03101
TEL #: 603-656-2306 **FAX #:** 603-656-7523 **E-MAIL:** luci_palazzolo@trg.com

NAME: MOSFEK TALUKDER, REGULATORY ANALYST
ADDRESS: RIVERSTONE RESOURCES, LLC, 250 COMMERCIAL STREET, SUITE 5000
MANCHESTER, NH 03101
TEL #: 603-656-2208 **FAX #:** 603-656-7523 **E-MAIL:** mosfek_talukder@trg.com

FAIRMONT SPECIALTY INSURANCE COMPANY

NAME: LUCI PALAZZOLO, MANAGER, STATUTORY ACCOUNTING
ADDRESS: RIVERSTONE RESOURCES, LLC, 250 COMMERCIAL STREET, SUITE 5000,
MANCHESTER, NH 03101
TEL #: 603-656-2306 **FAX #:** 603-656-7523 **E-MAIL:** luci_palazzolo@trg.com

NAME: MOSFEK TALUKDER, REGULATORY ANALYST
ADDRESS: RIVERSTONE RESOURCES, LLC, 250 COMMERCIAL STREET, SUITE 5000
MANCHESTER, NH 03101
TEL #: 603-656-2208 **FAX #:** 603-656-7523 **E-MAIL:** mosfek_talukder@trg.com

FARM FAMILY CASUALTY INSURANCE COMPANY

NAME: SUE DAFOE, CLAIM ADMINISTRATOR
ADDRESS: 344 RT. 9W,
GLENMONT, NY 12077
TEL #: 518-431-5547 **FAX #:** 518-431-5983 **E-MAIL:** sue.dafoe@farmfamily.com

NAME: TINA SCHOTT, CLAIM MANAGER
ADDRESS: 344 RT. 9W
GLENMONT, NY 12077
TEL #: 518-431-5438 **FAX #:** 518-431-5983 **E-MAIL:** tina.schott@farmfamily.com

FARMERS INSURANCE COMPANY OF FLEMINGTON

NAME: JUDITH CANNON, VICE PRESIDENT - G.S.R.A.
ADDRESS: GARDEN STATE REINSURANCE ASSOCIATION, P.O. BOX 98, 139 HARRISTOWN ROAD, SUITE 205
GLEN ROCK, NJ 07452
TEL #: 201-447-7070 ext. 157 **FAX #:** 201-447-9953 **E-MAIL:** judithcannon@gsraclaims.com

NAME: MELINDA HAWKINS, SR. CLAIMS SUPERVISOR - G.S.R.A.
ADDRESS: GARDEN STATE REINSURANCE ASSOCIATION, P.O. BOX 98139 HARRISTOWN ROAD, SUITE 205
GLEN ROCK, NJ 07452
TEL #: 201-447-7070 ext. 158 **FAX #:** 201-447-6149 **E-MAIL:** mhawkins@gsraclaims.com

FARMERS INSURANCE EXCHANGE

NAME: MIKE MCCABE, WC CLAIMS TEAM LEADER
ADDRESS: P.O. BOX 190,
NORTH AURORA, IL 60542
TEL #: 630-907-4335 **FAX #:** 630-907-2428 **E-MAIL:** michael.mccabe@farmersinsurance.com

NAME: TONI HUTCHISON, FUNCTIONAL CENTER OF EXCELLENCE MANAGER
ADDRESS: P.O. BOX 190
NORTH AURORA, IL 60542
TEL #: 630-907-4332 **FAX #:** 630-907-2428 **E-MAIL:** toni.hutchison@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 **E-MAIL:** 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 **E-MAIL:** jim_jordan@pmagroup.com

FARMINGTON CASUALTY COMPANY

NAME: MARGARET MUIR-O'CONNOR, WORKERS' COMPENSATION CLAIM MANAGER
ADDRESS: 1000-1200 AMERICAN ROAD,
MORRIS PLAINS, NJ 07950
TEL #: 973-401-3084 **FAX #:** 877-786-5568 **E-MAIL:** MMUIROCO@travelers.com

NAME: ANGELA BARBALACI, UNIT MANAGER
ADDRESS: 1200 AMERICAN ROAD
MORRIS PLAINS, NJ 07950
TEL #: 973-401-3019 **FAX #:** 877-786-5568 **E-MAIL:** ABARBALA@travelers.com

FEDERAL EXPRESS CORP.

NAME: THOMAS CONSTANCE, CLAIMS SUPERVISOR
ADDRESS: P.O. BOX 37726,
PHILADELPHIA, PA 19101-5026
TEL #: 215-231-3846 **FAX #:** 215-231-3899 **E-MAIL:** njmotions@sedgwickcms.com

NAME: MICKEY PINEIRO, WC CLAIMS MANAGER
ADDRESS: P.O. BOX 37726
PHILADELPHIA, PA 19101-5026
TEL #: 215-231-3908 **FAX #:** 215-231-3899 **E-MAIL:** njmotions@sedgwickcms.com

FEDERAL INSURANCE COMPANY

NAME: ANDY HERBERG, CLAIMS SUPERVISOR
ADDRESS: 15 MOUNTAIN VIEW ROAD, P.O. BOX 1616,
WARREN, NJ 07059
TEL #: 908-903-5551 **FAX #:** 908-903-5537 **E-MAIL:** asherbert@chubb.com

NAME: CRAIG FARINA, CLAIMS MANAGER
ADDRESS: 15 MOUNTAIN VIEW ROAD, P.O. BOX 1616
WARREN, NJ 07059
TEL #: 908-903-5517 **FAX #:** 908-903-5537 **E-MAIL:** cfarina@chubb.com

FEDERATED MUTUAL INSURANCE COMPANY

NAME: KAREN EBERHARDT, CLAIMS SUPERVISOR
ADDRESS: P.O. BOX 50487,
INDIANAPOLIS, IN 46250
TEL #: 317-849-7550 **FAX #:** 866-636-8660 **E-MAIL:** kkeberhardt@fedins.com

NAME: TODD FORBES, REGIONAL CLAIMS MANAGER
ADDRESS: P.O. BOX 50487
INDIANAPOLIS, IN 46250
TEL #: 317-849-7550 **FAX #:** 866-636-8660 **E-MAIL:** mtforbes@fedins.com

FEDEX GROUND PACKAGE SYSTEM, INC.

NAME: LARRY PARKS, SR. MANAGER - WC
ADDRESS: P.O. BOX 5459, 3875 EMBASSY PARKWAY, SUITE 320,
AKRON, OH 44334-0459
TEL #: 330-665-8512 **FAX #:** 330-665-8522 **E-MAIL:** larry.parks@fedex.com

NAME: LAURA DETWILER, WORKERS' COMPENSATION ADMINISTRATOR
ADDRESS: P.O. BOX 5459, 3875 EMBASSY PARKWAY, SUITE 320
AKRON, OH 44334-0459
TEL #: 330-665-8542 **FAX #:** 330-665-8522 **E-MAIL:** laura.detwiler@fedex.com

FEDEX SMARTPOST, INC

NAME: LARRY PARKS, SR. MANAGER - WC
ADDRESS: P.O. BOX 5459, 3875 EMBASSY PARKWAY, SUITE 320,
AKRON, OH 44334-0459
TEL #: 330-665-8512 **FAX #:** 330-665-8522 **E-MAIL:** larry.parks@fedex.com

NAME: LAURA DETWILER, WC ADMINISTRATOR
ADDRESS: P.O. BOX 5459, 3875 EMBASSY PARKWAY, SUITE 320
AKRON, OH 44334-0459
TEL #: 330-665-8542 **FAX #:** 330-665-8522 **E-MAIL:** laura.detwiler@fedex.com

FIDELITY & CASUALTY COMPANY OF NEW YORK

NAME: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
ADDRESS: 333 S. WABASH AVENUE 38-S,
CHICAGO IL 60604
TEL #: 312-822-4751 **FAX #:** 312-260-6320 **E-MAIL:** None provided

NAME: KATHLEEN PAGNANO, VICE PRESIDENT WORKERS' COMPENSATION
ADDRESS: 333 S. WABASH AVENUE 38-S
CHICAGO IL 60604
TEL #: 312-822-4751 **FAX #:** 312-260-6320 **E-MAIL:** kathleen.pagnano@cna.com

FIDELITY & DEPOSIT COMPANY OF MARYLAND

NAME: MARIO BRACUTI, ASST. VICE PRESIDENT
ADDRESS: 300 INTERPACE PARKWAY, MORRIS CORPORATE 1,
PARSIPPANY, NJ 07054
TEL #: 973-394-5205 **FAX #:** 973-394-5262 **E-MAIL:** mario.bracuti@zurichna.com

NAME: BRIAN DOOLEY, TEAM MANAGER
ADDRESS: 300 INTERPACE PARKWAY, MORRIS CORPORATE 1
PARSIPPANY, NJ 07054
TEL #: 973-394-5281 **FAX #:** 973-394-5262 **E-MAIL:** brian.dooley@zurichna.com

FIDELITY & GUARANTY INSURANCE COMPANY

NAME: JACLYN WASTA, CLAIM SERVICE REPRESENTATIVE
ADDRESS: 5 BATTERSON PARK,
FARMINGTON, CT 06032
TEL #: 860-284-2647 **FAX #:** 860-677-4352 **E-MAIL:** jwasta@discover-re.com

NAME: SUZANNE SHEA, LOSS DATA ANALYST
ADDRESS: 5 BATTERSON PARK
FARMINGTON CT 06032
TEL #: 860-284-2678 **FAX #:** 860-677-4352 **E-MAIL:** sshea@discover-re.com

FIDELITY MOHAWK INSURANCE COMPANY

NAME: JUDITH CANNON, VICE PRESIDENT - G.S.R.A.
ADDRESS: GARDEN STATE REINSURANCE ASSOCIATION, P.O. BOX 98, 139 HARRISTOWN ROAD, #205
GLEN ROCK, NJ 07452
TEL #: 201-447-7070 ext. 157 **FAX #:** 201-447-9953 **E-MAIL:** judithcannon@gsraclaims.com

NAME: MELINDA HAWKINS, SR. CLAIMS SUPERVISOR - G.S.R.A.
ADDRESS: GARDEN STATE REINSURANCE ASSOCIATION, P.O. BOX 98139 HARRISTOWN ROAD, #205
GLEN ROCK, NJ 07452
TEL #: 201-447-7070 ext. 158 **FAX #:** 201-447-6149 **E-MAIL:** mhawkins@gsraclaims.com

FIREMANS FUND INDEMNITY CORPORATION

NAME: DENNIS MASON, MBA SCLA, CLAIM DIRECTOR
ADDRESS: 11475 GREAT OAKS WAY, SUITE 200,
ALPHARETTA, GA 30022
TEL #: 678-393-4006 **FAX #:** 888-389-7231 **E-MAIL:** dennis.mason@ffic.com

NAME: MARY C. PELSER, WC CLAIMS TECHNICAL DIRECTOR
ADDRESS: 500 N. AKARD STREET, LINCOLN PLAZA, SUITE 400
DALLAS, TX 75201
TEL #: 972-939-1713 **FAX #:** 888-311-7748 **E-MAIL:** mary.pelser@ffic.com

FIREMANS FUND INSURANCE COMPANY

NAME: DENNIS MASON, MBA SCLA, CLAIM DIRECTOR
ADDRESS: 11475 GREAT OAKS WAY, SUITE 200,
ALPHARETTA, GA 30022
TEL #: 678-393-4006 **FAX #:** 888-389-7231 **E-MAIL:** dennis.mason@ffic.com

NAME: MARY C. PELSER, WC CLAIMS TECHNICAL DIRECTOR
ADDRESS: 500 N. AKARD STREET, LINCOLN PLAZA, SUITE 400
DALLAS, TX 75201
TEL #: 972-939-1713 **FAX #:** 888-311-7748 **E-MAIL:** mary.pelser@ffic.com

FIREMENS INSURANCE COMPANY OF NEWARK NEW JERSEY

NAME: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
ADDRESS: 333 S. WABASH AVE., 38S,
CHICAGO, IL 60604
TEL #: 312-822-4751 **FAX #:** 312-260-6320 **E-MAIL:** elizabeth.sieks@cna.com

NAME: KATHLEEN PAGNANO, VICE RESIDENT - WC
ADDRESS: 333 S. WABASH AVE., 38S
CHICAGO, IL 60604
TEL #: 312-822-6869 **FAX #:** 312-894-2670 **E-MAIL:** kathleen.pagnano@cna.com

FIREMENS INSURANCE COMPANY OF WASHINGTON DC

NAME: JEAN SHAW, REGIONAL CLAIM MANAGER
ADDRESS: BERKELY MID-ATLANTIC GROUP, 4820 LAKE BROOK DRIVE, SUITE 300,
GLEN ALLEN, VA 23060
TEL #: 800-283-1153 ext. 3359 **FAX #:** 877-684-5484 **E-MAIL:** jshaw@wrbmag.com

NAME: SUSAN HILL, WC CLAIM MANAGER
ADDRESS: BERKELY MID-ATLANTIC GROUP, 4820 LAKE BROOK DRIVE, SUITE 300
GLEN ALLEN, VA 23060
TEL #: 800-283-1153 ext. 5051 **FAX #:** 877-684-5484 **E-MAIL:** shill@wrbmag.com

FIRST LIBERTY INSURANCE COMPANY

NAME: CHRISTOPHER NIESMERTELNY, CLAIMS MANAGER
ADDRESS: 3 BECKER FARM ROAD,
ROSELAND, NJ 07068-1722
TEL #: 800-900-4875 ext. **FAX #:** 800-449-2567 **E-MAIL:** christopher.niesmertelny@libertymutual.com
2209

NAME: JASON HACKLING, TEAM MANAGER
ADDRESS: 3 BECKER FARM ROAD
ROSELAND, NJ 07068-1722
TEL #: 800-900-4875 ext. 2206 **FAX #:** 800-449-2567 **E-MAIL:** jason.hackling@libertymutual.com

FIRST TRENTON INDEMNITY COMPANY

NAME: MARGARET MUIR-O'CONNOR, WC CLAIM MANAGER
ADDRESS: 1000-1200 AMERICAN ROAD,
MORRIS PLAINS, NJ 07950
TEL #: 973-401-3084 **FAX #:** 877-786-5568 **E-MAIL:** MMUIROCO@travelers.com

NAME: ANGELA BARBALACI, UNIT MANAGER
ADDRESS: 1200 AMERICAN ROAD
MORRIS PLAINS, NJ 07950
TEL #: 973-401-3019 **FAX #:** 877-786-5568 **E-MAIL:** ABARBALA@travelers.com

FIRSTENERGY CORP & SUBS

NAME: BARBARA J. MARSHALL, MANAGER, HEALTH & ABSENCE MGT.
ADDRESS: C/O FIRSTENERGY SERVICE, 76 S. MAIN STREET,
AKRON, OH 44308
TEL #: 330-384-5270 **FAX #:** 330-374-6217 **E-MAIL:** marshallb@firstenergycorp.com

NAME: DONNA DUFFY, ACCOUNT MANAGER
ADDRESS: ASSOCIATED COMPENSATION RESOURCES, 26391 CURTISS WRIGHT PARKWAY, SUITE 100
RICHMOND HEIGHTS, OH 44143
TEL #: 216-731-8215 **FAX #:** 216-731-8290 **E-MAIL:** donna@acrcomp.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 **E-MAIL:** 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 **E-MAIL:** 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 **E-MAIL:** 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 **E-MAIL:** aconsoletti@ndgroup.com

FLORISTS MUTUAL INSURANCE COMPANY

NAME: DANIEL K SEYFERTH, WORKERS' COMPENSATION CLAIMS MANAGER
ADDRESS: #1 HORTICULTURAL LANE,
EDWARDSVILLE, IL 62025
TEL #: 618-655-1845 **FAX #:** 618-655-2517 **E-MAIL:** Dseyferth@hortica-insurance.com

NAME: LINDA RENSING, WC CLAIMS MANAGER
ADDRESS: #1 HORTICULTURAL LANE
EDWARDSVILLE, IL 62025
TEL #: 618-655-1847 **FAX #:** 618-655-2517 **E-MAIL:** Lrensing@hortica-insurance.com

FMI INSURANCE COMPANY

NAME: JUDITH CANNON, VICE PRESIDENT - G.S.R.A.
ADDRESS: GARDEN STATE REINSURANCE ASSOCIATION, P.O. BOX 98, 139 HARRISTOWN ROAD, #205
GLEN ROCK, NJ 07452
TEL #: 201-447-7070 ext. 157 **FAX #:** 201-447-9953 **E-MAIL:** judithcannon@gstraclaims.com

NAME: MELINDA HAWKINS, SR. CLAIMS SUPERVISOR - G.S.R.A.
ADDRESS: GARDEN STATE REINSURANCE ASSOCIATION, P.O. BOX 98139 HARRISTOWN ROAD, #205
GLEN ROCK, NJ 07452
TEL #: 201-447-7070 ext. 158 **FAX #:** 201-447-6149 **E-MAIL:** mhawkins@gstraclaims.com

FORT JAMES OPERATING COMPANY

NAME: TIM B STARKS, SR. WC MANAGER
ADDRESS: 133 PEACHTREE STREET, NE,
ATLANTA, GA 30303
TEL #: 404-652-4642 **FAX #:** 404-654-4958 **E-MAIL:** Tistark@gapac.com

NAME: LIZ WYNACHT, MANAGER - WC
ADDRESS: 133 PEACHTREE STREET, NE
ATLANTA, GA 30303
TEL #: 404-652-4640 **FAX #:** 404-232-4132 **E-MAIL:** eawynach@gapac.com

FOUNDERS INSURANCE COMPANY

NAME: REGINA CUNNINGHAM, WC SUPERVISOR
ADDRESS: 3150 BRUNSWICK PIKE,
LAWRENCEVILLE, NJ 08648
TEL #: 800-523-0583 ext. 5629 **FAX #:** 866-523-0583 **E-MAIL:** rcunningham@pnat.com

NAME: GLORIA PELLEGRINO, ADMINISTRATIVE ASSISTANT
ADDRESS: 3150 BRUNSWICK PIKE
LAWRENCEVILLE, NJ 08648
TEL #: 800-523-0583 ext. 5620 **FAX #:** 866-523-0583 **E-MAIL:** gpellegrino@pnat.com

FRANKENMUTH MUTUAL INSURANCE COMPANY

NAME: BONNIE S ELLISON, WC SUPERVISOR
ADDRESS: 1 MUTUAL AVENUE,
FRANKENMUTH, MI 48787-0040
TEL #: 800-234-4433 ext. 2914 **FAX #:** 989-652-6231 **E-MAIL:** bonnie.ellison@ffgrp.com

NAME: CHRISTOPHER ZOOK, WC SUPERVISOR
ADDRESS: 1 MUTUAL AVENUE
FRANKENMUTH, MI 48787-0040
TEL #: 800-234-4433 ext. 2846 **FAX #:** 989-652-6231 **E-MAIL:** christopher.zook@ffgrp.com

FRANKLIN MUTUAL INSURANCE COMPANY

NAME: JUDITH CANNON, VICE PRESIDENT - G.S.R.A.
ADDRESS: GARDEN STATE REINSURANCE ASSOCIATION, P.O. BOX 98, 139 HARRISTOWN RD., SUITE 205
GLEN ROCK, NJ 07452
TEL #: 201-447-7070 ext. 157 **FAX #:** 201-447-9953 **E-MAIL:** judith.cannon@gsraclaims.com

NAME: MELINDA HAWKINS, SR. CLAIMS SUPERVISOR - G.S.R.A.
ADDRESS: GARDEN STATE REINSURANCE ASSOCIATION, P.O. BOX 98139 HARRISTOWN RD., SUITE 205
GLEN ROCK, NJ 07452
TEL #: 201-447-7070 ext. 158 **FAX #:** 201-447-6149 **E-MAIL:** mhawkins@gsraclaims.com

FRITO-LAY, INC.

NAME: ELLEN MCGRATH, CLAIMS EXAMINER
ADDRESS: 45 MALLETT DRIVE,
FREEPORT, ME 04032-0417
TEL #: 207-865-2551 **FAX #:** -- **E-MAIL:** ellen.mcgrath@sedgwickcms.com

NAME: STEVE LANDIN, NORTH WC MANAGER
ADDRESS: 7701 LEGACY DRIVE, MAIL DROP 3C-114
PLANO, TX 75024
TEL #: 972-334-5644 **FAX #:** 972-334-3833 **E-MAIL:** steve.landin@fritolay.com

FRONTIER INSURANCE COMPANY

NAME: NANCY ESPOSITO, CLAIMS MANAGER/WC
ADDRESS: 195 LAKE LOUISE MARIE ROAD,
ROCK HILL, NY 12775
TEL #: 845-807-5080 **FAX #:** 845-807-4936 **E-MAIL:** nesposito@ftr.com

NAME: DEE HOCKER, CLAIMS EXAMINER/WC
ADDRESS: 195 LAKE LOUISE MARIE ROAD
ROCK HILL, NY 12775
TEL #: 845-807-5092 **FAX #:** 845-807-4936 **E-MAIL:** dhocker@ftr.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 **E-MAIL:** None provided

GENERAL ACCIDENT INSURANCE COMPANY OF AMERICA

NAME: BRETT BRADY, WC SUPERVISOR
ADDRESS: P.O. BOX 302,
BUFFALO, NY 14240
TEL #: 781-332-9023 **FAX #:** 866-578-4937 **E-MAIL:** bbrady@onebeacon.com

NAME: DAVID JOHNSON, CLAIMS MANAGER
ADDRESS: P.O. BOX 302
BUFFALO, NY 14240
TEL #: 781-332-9048 **FAX #:** 866-505-2478 **E-MAIL:** dljohnson@onebeacon.com

GENERAL FIDELITY INSURANCE COMPANY

NAME: LUCI PALAZZOLO, MANAGER, STATUTORY ACCOUNTING
ADDRESS: RIVERSTONE RESOURCES, LLC, 250 COMMERCIAL STREET, SUITE 5000,
MANCHESTER, NH 03101
TEL #: 603-656-2306 **FAX #:** 603-656-7523 **E-MAIL:** luci_palazzolo@trg.com

NAME: MOSFEK TALUKDER, REGULATORY ANALYST
ADDRESS: RIVERSTONE RESOURCES, LLC, 250 COMMERCIAL STREET, SUITE 5000
MANCHESTER, NH 03101
TEL #: 603-656-2208 **FAX #:** 603-656-7523 **E-MAIL:** mosfek_talukder@trg.com

GENERAL MOTORS CORPORATION

NAME: SUSAN AZAR, MANAGER, WC
ADDRESS: 300 RENAISSANCE CENTER, MC 482-C26-A68,
DETROIT, MI 48265
TEL #: 313-665-4519 **FAX #:** 313-665-6728 **E-MAIL:** susan.r.azar@gm.com

NAME: ELIZABETH LAMARRA, MANAGER, DISABILITY PLANS
ADDRESS: 300 RENAISSANCE CENTER, MC 482-C26-A68
DETROIT, MI 48265
TEL #: 313-665-4523 **FAX #:** 313-665-6728 **E-MAIL:** elizabeth.m.lamarra@gm.com

GENERAL REINSURANCE CORPORATION

NAME: LOU CUSANO, VICE PRESIDENT
ADDRESS: 695 EAST MAIN STREET,
STAMFORD, CT 06901
TEL #: 203-328-5962 **FAX #:** 203-328-5061 **E-MAIL:** LCUSANO@genre.com

NAME: JACQUELINE JEAN CLAUDE, ASST. TREASURER
ADDRESS: 695 EAST MAIN STREET
STAMFORD, CT 06901
TEL #: 203-328-6663 **FAX #:** 203-328-5061 **E-MAIL:** jjeancla@genre.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 **E-MAIL:** 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 **E-MAIL:** 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 **E-MAIL:** 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 **E-MAIL:** patricia.villegas@generalstar.com

GENERALI - UNITED STATES BRANCH

NAME: FRANK MCLAUGHLIN, VICE PRESIDENT OF CLAIMS
ADDRESS: ONE LIBERTY PLAZA, 29TH FLOOR,
NEW YORK, NY 10006
TEL #: 212-602-7709 **FAX #:** 212-587-9163 **E-MAIL:** frank_mclaughlin@generaliusa.com

GENESIS INSURANCE COMPANY

NAME: MARILEE KEANE, VP CLAIMS
ADDRESS: 1717 ARCH ST., SUITE 1310,
PHILADELPHIA, PA 19103
TEL #: 215-988-7125 **FAX #:** 215-988-7171 **E-MAIL:** MJK@gumc.com

NAME: CAROL LITTLE, SR CLAIMS EXAMINER
ADDRESS: 87 COMMERCE WAY, SUITE 750
BETHLEHEM, PA 18017
TEL #: 610-807-3215 **FAX #:** -- **E-MAIL:** carol.little@cambridge-na.com

GEORGIA-PACIFIC CORPORATION

NAME: TIM B STARKS, SR. WC MANAGER
ADDRESS: 133 PEACHTREE STREET, NE,
ATLANTA, GA 30303
TEL #: 404-652-4642 **FAX #:** 404-654-4958 **E-MAIL:** Tistark@gapac.com

NAME: LIZ WYNACHT, MANAGER - WC
ADDRESS: 133 PEACHTREE STREET, NE
ATLANTA, GA 30303
TEL #: 404-652-4640 **FAX #:** 404-232-4132 **E-MAIL:** eawynach@gapac.com

GEORGIA-PACIFIC TISSUE, LLC

NAME: CHERYL VAN GEE, OPERATIONS MANAGER
ADDRESS: PO BOX 14515,
LEXINGTON KY 40512
TEL #: 585-264-3417 **FAX #:** 585-264-3410 **E-MAIL:** cheryl.vangee@sedgwicks.com

NAME: JULIE DUNCAN
ADDRESS: PO BOX 1415
LEXINGTON KY 40512
TEL #: 585-264-3496 **FAX #:** 585-264-3410 **E-MAIL:** julie.duncan@sedgwicks.com

GERRESHEIMER GLASS PACKAGING

NAME: KATHY MOORE, OCCUPATIONAL HEALTH SPECIALIST
ADDRESS: GERRESHEIMER GLASS, 537 CRYSTAL AVENUE,
VINELAND, NJ 08360
TEL #: 856-507-5979 **FAX #:** -- **E-MAIL:** k.moore@gerresheimer.com

NAME: MARYANNE CIRIGLIANO, SR. CLAIMS REPRESENTATIVE
ADDRESS: CORVEL CORP., 51 HADDONFIELD ROAD SUITE 200
CHERRY HILL, NJ 08002
TEL #: 856-532-6015 **FAX #:** 856-450-9337 **E-MAIL:** maryanne_cirigliano@corvel.com

GLENS FALLS INSURANCE COMPANY

NAME: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
ADDRESS: 333 WAHASH AVENUE 38-C,
CHICAGO IL 60604
TEL #: 312-822-4751 **FAX #:** 312-260-6320 **E-MAIL:** elizabeth.seiks@cna.com

NAME: KATHLEEN PAGNANO, VICE PRESIDENT WORKERS COMPENSATION
ADDRESS: 333 S. WABASH AVENUE 38-C
CHICAGO IL 60604
TEL #: 312-822-6869 **FAX #:** 312-894-2670 **E-MAIL:** kathleen.pagnano@cna.com

G-P GYPSUM CORPORATION

NAME: TIM B STARKS, SR. WC MANAGER
ADDRESS: 133 PEACHTREE STREET, NE,
ATLANTA, GA 30303
TEL #: 404-652-4642 **FAX #:** 404-654-4958 **E-MAIL:** Tistark@gapac.com

NAME: LIZ WYNACHT, MANAGER - WC
ADDRESS: 133 PEACHTREE STREET, NE
ATLANTA, GA 30303
TEL #: 404-652-4640 **FAX #:** 404-232-4132 **E-MAIL:** eawynach@gapac.com

GRANITE STATE INSURANCE COMPANY

NAME: JANICE MOORE, ASST. VICE PRESIDENT
ADDRESS: CHARTIS, P.O. BOX 4050,
ALPHARETTA, GA 30023-4050
TEL #: 302-765-1635 **FAX #:** 302-765-1806 **E-MAIL:** JaniceM.Moore@chartisinsurance.com

NAME: MELODY KENSEY, ADMINISTRATIVE ASSISTANT
ADDRESS: CHARTIS, P.O. BOX 4050
ALPHARETTA, GA 30023-4050
TEL #: 302-765-1629 **FAX #:** 302-765-1800 **E-MAIL:** melody.fralick@chartisinsurance.com

GRAPHIC ARTS MUTUAL INSURANCE COMPANY

NAME: SHARRON SOCHON, SUPERVISOR, WC
ADDRESS: 50 MILLSTONE ROAD, BLDG. 200, SUITE 240,
EAST WINDSOR, NJ 08520
TEL #: 609-308-4506 **FAX #:** 609-308-4599 **E-MAIL:** Sharron.Sochon@uticanational.com

NAME: JOSEPH SMITH, DISTRICT CLAIMS MANAGER
ADDRESS: 50 MILLSTONE ROAD, BLDG. 200, SUITE 240
EAST WINDSOR, NJ 08520
TEL #: 609-308-4505 **FAX #:** 609-308-4599 **E-MAIL:** Joseph.Smith@uticanational.com

GREAT AMERICAN INSURANCE COMPANY

NAME: DONNA FRESHNECK, SUPERVISOR
ADDRESS: 50 PARSIPPANY ROAD,
PARSIPPANY, NJ 07054
TEL #: 973-952-9889 **FAX #:** 973-952-9857 **E-MAIL:** dfreshneck@gaic.com

NAME: GINA STILLE, MANAGER
ADDRESS: 50 PARSIPPANY ROAD
PARSIPPANY, NJ 07054
TEL #: 973-952-9796 **FAX #:** 973-952-9857 **E-MAIL:** gstile@gaic.com

GREAT NORTHERN INSURANCE COMPANY

NAME: ANDY HERBERT, CLAIMS SUPERVISOR
ADDRESS: 15 MOUNTAIN VIEW ROAD, P.O. BOX 1616,
WARREN, NJ 07059
TEL #: 908-903-5551 **FAX #:** 908-903-5537 **E-MAIL:** asherbert@chubb.com

NAME: CRAIG FARINA, CLAIMS MANAGER
ADDRESS: 15 MOUNTAIN VIEW ROAD, P.O. BOX 1616
WARREN, NJ 07059
TEL #: 908-903-5517 **FAX #:** 908-903-5537 **E-MAIL:** cfarina@chubb.com

GREAT WEST CASUALTY COMPANY

NAME: DALE SEGUIN, MANAGER, WC CLAIMS
ADDRESS: 1100 WEST 29TH STREET,
SOUTH SIOUX CITY, NE 68776
TEL #: 402-494-7208 **FAX #:** 800-833-1851 **E-MAIL:** d.sequin@gwccnet.com

NAME: JIM GODFREY, SUPERVISOR, WC CLAIMS
ADDRESS: 1100 WEST 29TH STREET
SOUTH SIOUX CITY, NE 68776
TEL #: 402-494-7737 **FAX #:** 800-833-1851 **E-MAIL:** j.godfrey@gwccnet.com

GREATER NEW YORK MUTUAL INSURANCE COMPANY

NAME: JAMES M PRIMAMORE, NJ WORKERS' COMPENSATION MANAGER
ADDRESS: 377 SUMMERHILL ROAD, P.O. BOX 1064,
EAST BRUNSWICK, NJ 08816
TEL #: 732-238-6300 ext. 284 **FAX #:** 732-238-0355 **E-MAIL:** jprimamore@gny.com

NAME: RICHARD ZWEIBEL, ASST. MANAGER, NJ WORKERS' COMPENSATION
ADDRESS: 377 SUMMERHILL ROAD, P.O. BOX 1064
EAST BRUNSWICK, NJ 08816
TEL #: 732-238-6300 ext. 288 **FAX #:** 732-238-0355 **E-MAIL:** rzweibel@gny.com

GREENWICH INSURANCE COMPANY

NAME: LYNN MUNSON, ASST. VP CLAIMS REGULATORY & COMPLIANCE
ADDRESS: 20 N. MARTINGALE ROAD, SUITE 200,
SCHAUMBURG, IL 60173
TEL #: 847-517-2363 **FAX #:** 847-517-2314 **E-MAIL:** lynn.munson@xlgroup.com

NAME: BRYAN SANDERS, ASST. VP PRIMARY CASUALTY & PROGRAM CLAIMS
ADDRESS: 505 EAGLEVIEW BLVD.
EXTON, PA 19341
TEL #: 610-968-2925 **FAX #:** -- **E-MAIL:** Bryan.Sanders@xlggroup.com

GRIFFIN PIPE PRODUCTS

NAME: TERESA J BONILLA, SAFETY MANAGER
ADDRESS: 1100 WEST FRONT STREET,
FLORENCE, NJ 08518
TEL #: 609-499-7189 **FAX #:** 609-499-1541 **E-MAIL:** tbonilla@griffinpipe.com

NAME: ROB GOULD, HUMAN RESOURCES MANAGER
ADDRESS: 1100 WEST FRONT STREET
FLORENCE, NJ 08518
TEL #: 609-499-7143 **FAX #:** 609-499-1451 **E-MAIL:** rgould@griffinpipe.com

GUARANTEE INSURANCE COMPANY

NAME: MARK HOEHN, NE REGIONAL CLAIM MANAGER
ADDRESS: P.O. BOX 958470,
LAKE MARY, FL 32795
TEL #: 561-226-4317 **FAX #:** 610-744-5434 **E-MAIL:** mhoehn@guaranteeins.com

NAME: LORI SCARAMUCCI, CLAIM SUPERVISOR
ADDRESS: P.O. BOX 958470
LAKE MARY, FL 32795
TEL #: 561-226-4303 **FAX #:** 610-672-9920 **E-MAIL:** lscaramucci@guaranteeins.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 **E-MAIL:** 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 **E-MAIL:** lhollis@guideone.com

HANOVER INSURANCE COMPANY

NAME: JOHN FURTADO, UNIT MANAGER
ADDRESS: 440 LINCOLN STREET,
WORCESTER, MA 01615
TEL #: 508-855-3105 **FAX #:** 508-635-1871 **E-MAIL:** jfurtado@hanover.com

NAME: PAUL COUGHLIN, SENIOR ADJUSTER
ADDRESS: 440 LINCOLN STREET
WORCESTER, MA 01615
TEL #: 508-855-8193 **FAX #:** 508-635-5892 **E-MAIL:** patcoughlin@hanover.com

HARCO NATIONAL INSURANCE COMPANY

NAME: DAVID F KRONBACH, WC CLAIM MANAGER
ADDRESS: P.O. BOX 68309,
SCHAUMBURG, IL 60168-0309
TEL #: 847-321-4957 **FAX #:** 847-472-6018 **E-MAIL:** dkronbach@iat-harco.com

NAME: DAVID THOMAS, VP CLAIMS
ADDRESS: P.O. BOX 68309
SCHAUMBURG, IL 60168-0309
TEL #: 847-321-4962 **FAX #:** 847-472-6039 **E-MAIL:** dthomas@iat-harco.com

HARFORD MUTUAL INSURANCE COMPANY

NAME: RICHARD HUGHES, CLAIM SUPERVISOR
ADDRESS: 200 NORTH MAIN STREET,
BEL AIR, MD 21014
TEL #: 410-838-4000 **FAX #:** 410-638-8707 **E-MAIL:** 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 **E-MAIL:** deborah_betten@harfordmutual.com

HARLEYSVILLE INSURANCE COMPANY

NAME: MELISSA TRIMMER, WC CLAIMS SUPERVISOR
ADDRESS: 355 MAPLE AVENUE,
HARLEYSVILLE, PA 19438
TEL #: 215-513-8746 **FAX #:** 215-513-8749 **E-MAIL:** mtrimmer@harleysvillegroup.com

NAME: JAMES FELBINGER, WC MANAGER
ADDRESS: 355 MAPLE AVENUE
HARLEYSVILLE, PA 19438
TEL #: 215-513-8741 **FAX #:** 215-513-8749 **E-MAIL:** jfelbinger@harleysvillegroup.com

HARLEYSVILLE PREFERRED INSURANCE COMPANY

NAME: MELISSA F. TRIMMER, WC CLAIMS SUPERVISOR
ADDRESS: 355 MAPLE AVENUE,
HARLEYSVILLE, PA 19438
TEL #: 215-513-8746 **FAX #:** 215-513-8749 **E-MAIL:** mtrimmer@harleysvillegroup.com

NAME: JAMES FELBINGER, WC CLAIMS MANAGER
ADDRESS: 355 MAPLE AVENUE
HARLEYSVILLE, PA 19438
TEL #: 215-513-8741 **FAX #:** 215-513-8749 **E-MAIL:** jfelbinger@harleysvillegroup.com

HARTFORD ACCIDENT & INDEMNITY COMPANY

NAME: DESEREE KASZUBINSKI, CLERICAL SUPPORT UNIT LEADER
ADDRESS: P.O. BOX 14472,
LEXINGTON, KY 40512
TEL #: 315-385-5248 **FAX #:** 860-947-3912 **E-MAIL:** deseree.kaszubinski@thehartford.com

NAME: BARBARA VANELLI, INTERNAL OPERATIONS TEAM LEADER
ADDRESS: P.O. BOX 14472, P.O. BOX 4771
LEXINGTON, KY 40512
TEL #: 315-385-6422 **FAX #:** 860-947-3809 **E-MAIL:** barbara.vanelli@thehartford.com

HARTFORD CASUALTY INSURANCE COMPANY

NAME: DESEREE KASZUBINSKI, CLERICAL SUPPORT UNIT LEADER
ADDRESS: P.O. BOX 14472,
LEXINGTON, KY 40512
TEL #: 315-385-5248 **FAX #:** 860-947-3912 **E-MAIL:** deseree.kaszubinski@thehartford.com

NAME: BARBARA VANELLI, INTERNAL OPERATIONS TEAM LEADER
ADDRESS: P.O. BOX 14472
LEXINGTON, KY 40512
TEL #: 315-385-6422 **FAX #:** 860-947-3809 **E-MAIL:** barbara.vanelli@thehartford.com

HARTFORD FIRE INSURANCE COMPANY

NAME: DESEREE KASZUBINSKI, CLERICAL SUPPORT UNIT LEADER
ADDRESS: P.O. BOX 14472,
LEXINGTON, KY 40512
TEL #: 315-385-5248 **FAX #:** 860-947-3912 **E-MAIL:** deseree.kaszubinski@thehartford.com

NAME: BARBARA VANELLI, INTERNAL OPERATIONS TEAM LEADER
ADDRESS: P.O. BOX 14472
LEXINGTON, KY 40512
TEL #: 315-385-6422 **FAX #:** 860-947-3809 **E-MAIL:** barbara.vanelli@thehartford.com

HARTFORD INSURANCE COMPANY OF THE MIDWEST

NAME: DESEREE KASZUBINSKI, CLERICAL SUPPORT UNIT LEADER
ADDRESS: P.O. BOX 14472,
LEXINGTON, KY 40512
TEL #: 315-385-5248 **FAX #:** 860-947-3912 **E-MAIL:** deseree.kaszubinski@thehartford.com

NAME: BARBARA VANELLI, INTERNAL OPERATIONS TEAM LEADER
ADDRESS: P.O. BOX 14472
LEXINGTON, KY 40512
TEL #: 315-385-6422 **FAX #:** 860-947-3809 **E-MAIL:** barbara.vanelli@thehartford.com

HARTFORD UNDERWRITERS INSURANCE COMPANY

NAME: DESEREE KASZUBINSKI, CLERICAL SUPPORT UNIT LEADER
ADDRESS: P.O. BOX 14472,
LEXINGTON, KY 40512
TEL #: 315-385-5248 **FAX #:** 860-947-3912 **E-MAIL:** deseree.kaszubinski@thehartford.com

NAME: BARBARA VANELLI, INTERNAL OPERATIONS TEAM LEADER
ADDRESS: P.O. BOX 14472
LEXINGTON, KY 40512
TEL #: 315-385-6422 **FAX #:** 860-947-3809 **E-MAIL:** barbara.vanelli@thehartford.com

HERCULES INCORPORATED

NAME: WENDY WOLFRUM, WC SPECIALIST
ADDRESS: 1313 N. MARKET STREET,
WILMINGTON, DE 19894
TEL #: 302-594-5777 **FAX #:** 302-594-5696 **E-MAIL:** wewolfrum@herc.com

NAME: BARBARA BUSS, MANAGER CORPORATE INSURANCE
ADDRESS: 1313 N. MARKET STREET
WILMINGTON, DE 19894
TEL #: 302-594-5777 **FAX #:** 302-594-5696 **E-MAIL:** wewolfrum@herc.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 **E-MAIL:** 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 **E-MAIL:** 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 **E-MAIL:** 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 **E-MAIL:** 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 **E-MAIL:** marcella.curcurito@highlandsinsurance.com

NAME: VERNON WHITE, DIRECTOR OF CLAIMS
ADDRESS: BOX 6396
LAWRENCEVILLE, NJ 08648
TEL #: 609-895-3005 **FAX #:** 609-883-9434 **E-MAIL:** vernon.white@highlandsinsurance.com

HIGHMARK CASUALTY INSURANCE COMPANY

NAME: VINCE HAAS, CLAIMS MANAGER
ADDRESS: P.O. BOX 2738,
PITTSBURGH, PA 15230
TEL #: 412-544-0720 **FAX #:** 412-544-0730 **E-MAIL:** vince.haas@hminsurancegroup.com

NAME: ROBERT MARTI, CLAIMS ADMINISTRATOR
ADDRESS: P.O. BOX 2738
PITTSBURGH, PA 15230
TEL #: 412-544-2063 **FAX #:** 412-544-0730 **E-MAIL:** robert.marti@hminsurancegroup.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 **E-MAIL:** 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 **E-MAIL:** 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 **E-MAIL:** LMarangoni@homesite.com

HOSPITAL TRUST FOR WORKERS COMPENSATION

NAME: PHYLLIS GODFREY, WC CLAIM SUPERVISOR
ADDRESS: P.O. BOX 5322,
PRINCETON, NJ 08543-5322
TEL #: 609-452-9404 **FAX #:** 609-452-5478 **E-MAIL:** Phyllis.Godfrey@PrincetonInsurance.com

NAME: DONNA SCHWARTZ, WC EXAMINER
ADDRESS: P.O. BOX 5322
PRINCETON, NJ 08543-5322
TEL #: 609-452-9404 **FAX #:** 609-452-5415 **E-MAIL:** Donna.Schwartz@PrincetonInsurance.com

HOUSING AUTHORITY PROPERTY INSURANCE

NAME: LISE HOLIDAY, RESEARCH & COMPLIANCE ANALYST
ADDRESS: 189 COMMERCE COURT,
CHESHIRE, CT 06410-0189
TEL #: 203-272-8220 **FAX #:** 203-271-2265 **E-MAIL:** LHoliday@housingcenter.com

NAME: AMY GALVIN, FIANCIAL COMPLIANCE & PLANNING MANAGER
ADDRESS: 189 COMMERCE COURT
CHESHIRE, CT 06410-0189
TEL #: 203-272-8220 **FAX #:** 203-271-2265 **E-MAIL:** LHoliday@housingcenter.com

HOUSTON GENERAL INSURANCE COMPANY

NAME: BRETT BRADY, WC SUPERVISOR
ADDRESS: P.O. BOX 302,
BUFFALO, NY 14240
TEL #: 781-332-9023 **FAX #:** 866-578-4937 **E-MAIL:** bbrady@onebeacon.com

NAME: DAVID JOHNSON, CLAIMS MANAGER
ADDRESS: P.O. BOX 302
BUFFALO, NY 14240
TEL #: 781-332-9048 **FAX #:** 866-505-2478 **E-MAIL:** djohnson@onebeacon.com

ICM INSURANCE COMPANY

NAME: BLAISE M SIMONETTI, VICE PRESIDENT
ADDRESS: 100 COMMONS WAY, SUITE 210,
HOLMDEL, NJ 07733
TEL #: 732-706-7888 **FAX #:** 732-706-9202 **E-MAIL:** bsimonetti@nj.chiltingtonusa.com

IFA INSURANCE COMPANY

NAME: DAVID WALSH, PRESIDENT
ADDRESS: 14 WALNUT AVENUE,
CLARK, NJ 07066
TEL #: 732-815-1201 ext. 104 **FAX #:** 732-815-1778 **E-MAIL:** dwalsh@ifaauto.com

NAME: KIRK CITSAY, CONTROLLER
ADDRESS: 14 WALNUT AVENUE
CLARK, NJ 07066
TEL #: 732-815-1201 **FAX #:** 732-815-1778 **E-MAIL:** KCitsay@ifaauto.com

ILLINOIS NATIONAL INSURANCE COMPANY

NAME: JANICE MOORE, ASST. VICE PRESIDENT
ADDRESS: CHARTIS, P.O. BOX 4050,
ALPHARETTA, GA 30023-4050
TEL #: 302-765-1635 **FAX #:** 302-765-1806 **E-MAIL:** JaniceM.Moore@chartisinsurance.com

NAME: MELODY KENSEY, ADMINISTRATIVE ASSISTANT
ADDRESS: CHARTIS, P.O. BOX 4050
ALPHARETTA, GA 30023-4050
TEL #: 302-765-1629 **FAX #:** 302-765-1800 **E-MAIL:** melody.fralick@chartisinsurance.com

IMPERIAL CASUALTY & INDEMNITY COMPANY

NAME: MIKE MCCLELLAN, CLAIM MANAGER
ADDRESS: 8000 WARREN PARKWAY, SUITE 300, P.O. BOX 2009,
FRISCO, TX 75034
TEL #: 214-618-6969 **FAX #:** 888-339-5737 **E-MAIL:** mmcclellan@imperialcasualty.com

NAME: LINDA COOK, OPERATIONS COORDINATOR
ADDRESS: 8000 WARREN PARKWAY, SUITE 300, P.O. BOX 2009
FRISCO, TX 75034
TEL #: 214-618-6969 **FAX #:** 888-339-5737 **E-MAIL:** lcook@imperialcasualty.com

INDEMNITY INSURANCE COMPANY OF NORTH AMERICA

NAME: PAM LLEWELLYN, AVP WORKERS' COMPENSATION
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4E,
WILMINGTON, DE 19803
TEL #: 302-476-7255 **FAX #:** 302-476-7858 **E-MAIL:** pamelallewellyn@ace-ina.com

NAME: GUS GONNELLA, AVP WORKERS' COMPENSATION
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4E
WILMINGTON, DE 19803
TEL #: 302-476-7822 **FAX #:** 302-476-7858 **E-MAIL:** gus.gonnella@ace-ina.com

INDIANA INSURANCE COMPANY

NAME: TODD GANCARZ, UNIT LEADER
ADDRESS: 5062 BRITTONFIELD PARKWAY,
E. SYRACUSE, NY 13057
TEL #: 315-431-6131 **FAX #:** 800-526-0681 **E-MAIL:** 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 **E-MAIL:** karen.peinkofer@peerless-ins.com

INSURANCE COMPANY OF GREATER NEW YORK

NAME: JAMES M PRIMAMORE, NJ WORKERS' COMPENSATION MANAGER
ADDRESS: 377 SUMMERHILL ROAD, P.O. BOX 1064,
EAST BRUNSWICK, NJ 08816
TEL #: 732-238-6300 **FAX #:** 732-238-0355 **E-MAIL:** jprimamore@gny.com

NAME: RICHARD ZWEIBEL, ASST. MANAGER, NJ WORKERS' COMPENSATION
ADDRESS: 377 SUMMERHILL ROAD, P.O. BOX 1064
EAST BRUNSWICK, NJ 08816
TEL #: 732-238-6300 ext. 288 **FAX #:** 732-238-0355 **E-MAIL:** rzweibel@gny.com

INSURANCE COMPANY OF NORTH AMERICA

NAME: PAM LLEWELLYN, AVP WORKERS' COMPENSATION
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4E,
WILMINGTON, DE 19803
TEL #: 302-476-7255 **FAX #:** 302-476-7858 **E-MAIL:** pamelallewellyn@ace-ina.com

NAME: GUS GONNELLA, AVP WORKERS' COMPENSATION
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4E
WILMINGTON, DE 19803
TEL #: 302-476-7822 **FAX #:** 302-476-7858 **E-MAIL:** gus.gonnella@ace-ina.com

INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

NAME: JANICE MOORE, ASST. VICE PRESIDENT
ADDRESS: CHARTIS, P.O. BOX 9973,
WILMINGTON, DE 19809
TEL #: 302-765-1635 **FAX #:** 302-765-1806 **E-MAIL:** JaniceM.Moore@chartisinsurance.com

NAME: MELODY KENSEY, ADMINISTRATIVE ASSISTANT
ADDRESS: CHARTIS, P.O. BOX 9973
WILMINGTON, DE 19809
TEL #: 302-765-1629 **FAX #:** 302-765-1806 **E-MAIL:** melody.fralick@chartisinsurance.com

INTERNATIONAL BUSINESSMENS & MERCANTILE REASSURANCE COMPANY

NAME: OSCAR BURGOS, SR. VICE PRESIDENT - CLAIMS
ADDRESS: 225 S. LAKE AVE., SUITE 900,
PASADENA, CA 91101
TEL #: 626-683-5200 **FAX #:** 626-683-5209 **E-MAIL:** oriaccounting@oldrepublic.com

NAME: J. ERIK STROKA, ASST. TREASURER
ADDRESS: 133 OAKWOOD AVENUE
GREENSBURG, PA 15601
TEL #: 724-834-5000 **FAX #:** 724-834-4025 **E-MAIL:** oriaccounting@oldrepublic.com

INTERNATIONAL PAPER CO.

NAME: ROBERT FETTEROLF, CLAIMS TEAM LEADER
ADDRESS: 2805 OLD POST ROAD, SUITE 310,
HARRISBURG, PA 17110
TEL #: 717-526-6060 **FAX #:** 717-526-6010 **E-MAIL:** Robert.Fetterolf@sedgwickcms.com

NAME: ROBERT MACHION, OPERATIONS MANAGER
ADDRESS: FIVE RADNOR CORPORATE CENTER
RADNOR, PA 19087
TEL #: 610-989-1013 **FAX #:** 610-989-1028 **E-MAIL:** Robert.Machion@sedgwickcms.com

INTERNATIONAL PROCESSING CORPORATION

NAME: RIDA HAMED, SENIOR VP
ADDRESS: 2811 WILSHIRE BLVD., #410,
SANTA MONICA, CA 90403
TEL #: 310-458-1574 **FAX #:** 310-453-5629 **E-MAIL:** rhamed@dextco.com

NAME: BRUCE WILLIAMS, PAYROLL/HR SUPERVISOR
ADDRESS: 2811 WILSHIRE BLVD., #410
SANTA MONICA, CA 90403
TEL #: 310-458-1574 **FAX #:** 310-458-6424 **E-MAIL:** bwilliams@dextco.com

JOHNS-MANVILLE SALES CORP.

NAME: MARY ANN LOONAM, SENIOR WC ADMINISTRATOR
ADDRESS: 717 17TH STREET,
DENVER, CO 80202
TEL #: 303-978-4662 **FAX #:** 866-743-3357 **E-MAIL:** loonamma@jm.com

NAME: ROBERT KLINGER, LEADER, EMPLOYEE PROTECTION
ADDRESS: 717 17TH STREET
DENVER, CO 80202
TEL #: 303-978-4937 **FAX #:** 303-978-3768 **E-MAIL:** klinglerr@jm.com

K MART OF PENNSYLVANIA LP

NAME: MATT BRUCE, WCCC-RISK MANAGEMENT
ADDRESS: 3333 BEVERLY ROAD, E3-221B,
HOFFMAN ESTATES, IL 60179
TEL #: 847-286-3970 **FAX #:** 847-286-2648 **E-MAIL:** mbruce4@searshc.com

NAME: PAM ALEXANDER, LEAD WCCC-RISK MANAGEMENT
ADDRESS: 333 BEVERLY ROAD, E3-216B
HOFFMAN ESTATES, IL 60179
TEL #: 847-286-0861 **FAX #:** 847-286-2648 **E-MAIL:** palex11@searshc.com

KEMPER CASUALTY INSURANCE COMPANY

NAME: ROMMIE MARWAH, HOME OFFICE CLAIM CONSULTANT
ADDRESS: 1 KEMPER DRIVE,
LONG GROVE, IL 60049
TEL #: 847-320-2146 **FAX #:** 847-320-5765 **E-MAIL:** Rommie.Marwah@kemperinsurance.com

NAME: DONNA JOHNSON, WC CLAIM MANAGER
ADDRESS: 1 KEMPER DRIVE
LONG GROVE, IL 60049
TEL #: 847-320-4772 **FAX #:** 847-320-5756 **E-MAIL:** Donna.Johnson@kemperinsurance.com

KIMBALL MEDICAL CENTER

NAME: MICHELE SCHWEERS, VP OF HUMAN RESOURCES
ADDRESS: 600 RIVER AVENUE,
LAKEWOOD, NJ 08761-5281
TEL #: 732-363-1900 ext. 24755 **FAX #:** 732-886-4486 **E-MAIL:** MSCHWEERS@SBHCS.COM

NAME: MICHAEL SALERNO, ADMINISTRATOR
ADDRESS: 330 MILLTOWN ROAD, SUITE E-11
EAST BRUNSWICK, NJ 08816
TEL #: 732-613-1600 **FAX #:** 732-613-9328 **E-MAIL:** MIKESAL22@AOL.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 **E-MAIL:** 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 **E-MAIL:** drichardson@murphybeane.com

K-MART CORPORATION

NAME: MATT BRUCE, WCCC-RISK MANAGEMENT
ADDRESS: 3333 BEVERLY ROAD, E3-221B,
HOFFMAN ESTATES, IL 60179
TEL #: 847-286-3970 **FAX #:** 847-286-2648 **E-MAIL:** mbruce4@searshc.com

NAME: PAM ALEXANDER, LEAD WCCC-RISK MANAGEMENT
ADDRESS: 3333 BEVERLY ROAD, E3-216B
HOFFMAN ESTATES, IL 60179
TEL #: 847-286-0861 **FAX #:** 847-286-2648 **E-MAIL:** palex11@searshc.com

KNIGHTBROOK INSURANCE COMPANY

NAME: RICHARD A DILLON, TREASURER

ADDRESS: 927 WEST MAIN STREET,
VALLEY VIEW PA 17983

TEL #: 323-692-8904

FAX #: 323-692-4133

E-MAIL: rdillon@knightcompany.com

NAME: JOSEPH MARLOWE

ADDRESS: TWO LOGAN SQUARE 9TH FLOOR
PHILADELPHIA PA 19103

TEL #: 215-864-3635

FAX #: 215-864-3635

E-MAIL: joseph.p.marlowe@guycaap.com

KONTES GLASS COMPANY

NAME: KIM BOULEY, CLAIMS EXAMINER

ADDRESS: CAMBRIDGE COMPANY, PO BOX 9607,
PROVIDENCE RI 02940

TEL #: 800-572-5644

FAX #: 440-914-2746

E-MAIL: Kim.Bouley@cambridge.com

NAME: MICHAEL BURROWS, CORP MANAGER HEALTH & SAFETY

ADDRESS: 537 CRYSTAL AVENUE
VINELAND NJ 08360

TEL #: 856-794-7137

FAX #: 856-692-0280

E-MAIL: mburrows@gerresheimer.com

LANCER INSURANCE COMPANY

NAME: MARY GEISWELLER, STATE COMPLIANCE ASST.

ADDRESS: 370 WEST PARK AVENUE,
LONG BRANCH, NY 11561

TEL #: 516-431-4441

FAX #: 516-889-3076

E-MAIL: mgeisweller@lancer-ins.com

NAME: SUZANNE MASTROIANNI, ACTUARIAL ANALYST

ADDRESS: 370 WEST PARK AVENUE
NEW YORK, NY 11561

TEL #: 516-431-4441

FAX #: 516-889-3076

E-MAIL: smastroianni@lancer-ins.com

LIBERTY MUTUAL FIRE INSURANCE CO.

NAME: CHRISTOPHER NIESMERTELNY, CLAIMS MANAGER

ADDRESS: 3 BECKER FARM ROAD,
ROSELAND, NJ 07068-1722

TEL #: 800-900-4875 ext. 2209

FAX #: 800-449-2567

E-MAIL: christopher.niesmertelny@libertymutual.com

NAME: JASON D HACKLING, TEAM MANAGER

ADDRESS: 3 BECKER FARM ROAD
ROSELAND, NJ 1722

TEL #: 800-900-4875 ext. 2209

FAX #: 800-449-2567

E-MAIL: jason.hackling@libertymutual.com

LIBERTY MUTUAL INSURANCE CO.

NAME: CHRISTOPHER NIESMERTELNY, CLAIMS MANAGER
ADDRESS: 3 BECKER FARM ROAD,
ROSELAND, NJ 07068-1722
TEL #: 800-900-4875 ext. 2209 **FAX #:** 800-449-2567 **E-MAIL:** christopher.niesmertelny@libertymutual.com

NAME: JASON D. HACKLING, TEAM MANAGER
ADDRESS: 3 BECKER FARM ROAD
ROSELAND, NJ 07068-1722
TEL #: 800-900-4875 ext. 2209 **FAX #:** 800-449-2567 **E-MAIL:** jason.hackling@libertymutual.com

LINCOLN GENERAL INSURANCE COMPANY

NAME: MARY R COFFEY, PROGRAM MANAGER
ADDRESS: P.O. BOX 3608,
YORK, PA 17402
TEL #: 347-598-6128 **FAX #:** 516-399-6049 **E-MAIL:** mcoffey@lincolngeneral.com

LM INSURANCE CORPORATION

NAME: CHRISTOPHER NIESMERTELNY, CLAIMS MANAGER
ADDRESS: 3 BECKER FARM ROAD,
ROSELAND, NJ 07068-1722
TEL #: 800-900-4875 ext. 2094 **FAX #:** 800-449-2567 **E-MAIL:** christopher.niesmertelny@libertymutual.com

NAME: JASON D HACKLING, TEAM MANAGER
ADDRESS: 3 BECKER FARM ROAD
ROSELAND, NJ 07068-1722
TEL #: 800-900-4875 ext. 2206 **FAX #:** 800-449-2567 **E-MAIL:** jason.hackling@libertymutual.com

LMI INSURANCE COMPANY

NAME: CHRISTOPHER NIESMERTELNY, CLAIMS MANAGER
ADDRESS: 3 BECKER FARM ROAD,
ROSELAND, NJ 07068-1722
TEL #: 800-900-4875 ext. 2209 **FAX #:** 800-449-2567 **E-MAIL:** christopher.niesmertelny@libertymutual.com

NAME: JASON D HACKLING, TEAM MANAGER
ADDRESS: 3 BECKER FARM ROAD
ROSELAND, NJ 07068-1722
TEL #: 800-900-4875 ext. 2209 **FAX #:** 800-449-2567 **E-MAIL:** 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
KING OF PRUSSIA, PA 19406
TEL #: 610-386-7744 **FAX #:** 610-386-7763 **E-MAIL:** Kelly.Yeager@srsconnect.com

NAME: MECHELLE COLBY, WC CLAIMS HANDLER
ADDRESS: 303 LIPPINCOTT DRIVE, SUITE 200P.O. BOX 779
MARLTON, NJ 08053
TEL #: 856-355-4484 **FAX #:** 860-756-8427 **E-MAIL:** Mechelle.Colby@srsconnect.com

LUMBER MUTUAL INSURANCE COMPANY

NAME: KATHERINE BECKWITH, SR WC EXAMINER
ADDRESS: 205 NEWBURY STREET, P.O. BOX 9165,
FRAMINGHAM, MA 01701
TEL #: 508-872-8111 **FAX #:** 508-370-9012 **E-MAIL:** kbeckwith@lumberins.com

NAME: SEAN CARMODY, SR VP CLAIMS
ADDRESS: 205 NEWBURY STREET, P.O. BOX 9165
FRAMINGTON, MA 01701
TEL #: 508-872-8111 **FAX #:** 508-370-9012 **E-MAIL:** scarmody@lumberins.com

LUMBERMANS MUTUAL CASUALTY COMPANY

NAME: ROMMIE MARWAH, HOME OFFICE CLAIM CONSULTANT
ADDRESS: 1 KEMPER DRIVE,
LONG GROVE, IL 60049
TEL #: 847-320-2146 **FAX #:** 847-320-5765 **E-MAIL:** Rommie.Marwah@kemperinsurance.com

NAME: DONNA JOHNSON, WC CLAIM MANAGER
ADDRESS: 1 KEMPER DRIVE
LONG GROVE, IL 60049
TEL #: 847-320-4772 **FAX #:** 847-320-5756 **E-MAIL:** Donna.Johnson@kemperinsurance.com

LUMBERMANS UNDERWRITING ALLIANCE

NAME: JANET SUTHERLAND, AUDIT & COMPLIANCE MANAGER
ADDRESS: 1905 N.W. CORPORATE BLVD.,
BOCA RATON, FL 33431-7303
TEL #: 561-994-1900 **FAX #:** 561-241-0571 **E-MAIL:** janet.sutherland@ins-lua.com

NAME: KAY ROOS, SUPERVISOR, LUA CLAIMS SERVICE
ADDRESS: 1905 N.W. CORPORATE BLVD.
BOCA RATON, FL 33431-7303
TEL #: 561-994-1900 **FAX #:** 561-241-0571 **E-MAIL:** kay.roos@ins-lua.com

MACY'S INC AND SUBSIDIARIES

NAME: NANCY NORTON GREEN, CLAIMS MANAGER
ADDRESS: 3300B FASHION WAY, 3RD FLOOR,
JOPPA, MD 21085
TEL #: 443-484-4001 **FAX #:** 866-908-2397 **E-MAIL:** Nancy.Norton@Macys.com

NAME: GLENN ELSEROD, ASSOCIATE MANAGER
ADDRESS: 3300B FASHION WAY, 3RD FLOOR
JOPPA, MD 21085
TEL #: 443-484-4004 **FAX #:** 866-908-2397 **E-MAIL:** Glenn.Elseroad@Macys.com

MAJESTIC INSURANCE COMPANY

NAME: LAUREN GOTTWALD, CLAIMS MANAGER
ADDRESS: P.O. BOX 1849,
POUGHKEEPSIE NY 12601
TEL #: 877-431-1260 **FAX #:** 845-483-3676 **E-MAIL:** lgottwald@majesticinsurance.com

NAME: JASON HUCK, SENIOR CLAIMS MANAGER
ADDRESS: P.O. BOX 1849
POUGHKEEPSIE NY 12601
TEL #: 877-431-1260 **FAX #:** 845-483-3676 **E-MAIL:** jhuck@majesticinsurance.com

MAPFRE REINSURANCE CORPORATION

NAME: JOHN J LYNCH, SR. VP, CFO AND TREASURER
ADDRESS: 100 CAMPUS DRIVE, P.O. BOX 695,
FLORHAM PARK NJ 07932
TEL #: 973-443-0443 **FAX #:** 973-443-0450 **E-MAIL:** jlynch@mapfre.com

NAME: MARIAM GEORGE, VICE PRESIDENT
ADDRESS: 100 CAMPUS DRIVE, P.O. BOX 695
FORHAM PARK NJ 07932
TEL #: 973-443-0443 **FAX #:** 973-443-0450 **E-MAIL:** mgeorge@mapfre.com

MARCAL PAPER MILLS, INC.

NAME: JACQUELINE A LYNCH, CLAIMS MANAGER
ADDRESS: PO BOX 309,
PISCATAWAY NJ 08854
TEL #: 732-562-7872 **FAX #:** 732-465-7355 **E-MAIL:** jlynch@qualcareinc.com

NAME: KAREN JOSKO, SUPERVISOR OF WORKERS' COMPENSATION
ADDRESS: PO BOX 309
PISCATAWAY NJ 08854
TEL #: 731-562-7872 **FAX #:** 732-465-7355 **E-MAIL:** kjosko@qualcareinc.com

MARRIOTT CLAIMS SERVICES CORP.

NAME: FAITH FRITZ, CLAIMS UNIT MANAGER
ADDRESS: 9737 WASHINGTONIAN BLVD., SUITE 201,
GAITHERSBURG, MD 20878
TEL #: 301-380-0375 **FAX #:** 301-380-0394 **E-MAIL:** faith.fritz@marriot.com

NAME: ELIZABETH TOOTH, SENIOR MANAGER-CLAIMS OPERATIONS
ADDRESS: 9737 WASHINGTONIAN BLVD., SUITE 201
GAITHERSBURG, MD 20878
TEL #: 301-380-0342 **FAX #:** 301-380-0394 **E-MAIL:** beth.toth@marriott.com

MARRIOTT INTERNATIONAL, INC.

NAME: FAITH FRITZ, CLAIMS UNIT MANAGER
ADDRESS: P.O. BOX 29202,
HOT SPRINGS, AR 71903-9202
TEL #: 301-380-0375 **FAX #:** 301-380-0394 **E-MAIL:** faith.fritz@marriott.com

NAME: ELIZABETH TOTH, SR. MANAGER CLAIMS OPERATOR
ADDRESS: P.O. BOX 29202
HOT SPRINGS, AR 71903-9202
TEL #: 301-380-0342 **FAX #:** 301-380-0394 **E-MAIL:** beth.toth@marriott.com

MARYLAND CASUALTY COMPANY

NAME: MARIO BRACUTI, ASST. VICE PRESIDENT
ADDRESS: 300 INTERPACE PARKWAY, MORRIS CORPORATE 1,
PARSIPPANY, NJ 07054
TEL #: 973-394-5205 **FAX #:** 973-394-5262 **E-MAIL:** mario.bracuti@zurichna.com

NAME: BRIAN DOOLEY, TEAM MANAGER
ADDRESS: 300 INTERPACE PARKWAY, MORRIS CORPORATE 1
PARSIPPANY, NJ 07054
TEL #: 973-394-5281 **FAX #:** 973-394-5262 **E-MAIL:** brian.dooley@zurichna.com

MASSACHUSETTS BAY INSURANCE COMPANY

NAME: CHERYL UNGER, SCLA,AIC, UNIT MANAGER
ADDRESS: P.O. BOX 15144,
WORCESTER MA 01615
TEL #: 508-855-3094 **FAX #:** 508-635-0419 **E-MAIL:** cungar@hanover.com

NAME: PAULA ANDRADE, UNIT MANAGR
ADDRESS: P.O. BOX 15144
WORCESTER MA 01615
TEL #: 508-855-5893 **FAX #:** 508-635-0396 **E-MAIL:** pandrade@hanover.com

MEDICAL CENTER OF OCEAN COUNTY

NAME: LISA GRAIFF, WC SUPERVISOR
ADDRESS: SCIBAL ASSOCIATES, INC., P.O. BOX 500,
SOMERS POINT, NJ 08244-0500
TEL #: 609-653-8400 **FAX #:** 609-926-9270 **E-MAIL:** lgraiff@scibal.com

NAME: JOSEPH M HARVEY, SR. VP PUBLIC RISKS
ADDRESS: SCIBAL ASSOCIATES, INC., P.O. BOX 500
SOMERS POINT, NJ 08244-0500
TEL #: 609-653-8400 **FAX #:** 609-926-9270 **E-MAIL:** jharvey@scibal.com

MEMIC INDEMNITY COMPANY

NAME: MATTHEW HARMON, DIRECTOR OF CLAIMS
ADDRESS: 1750 ELM STREET#500,
MANCHESTER, NH 03104
TEL #: 603-314-0612 **FAX #:** 603-314-0630 **E-MAIL:** mharmon@memic.com

NAME: STACEY FOOTE, UNIT MANAGER
ADDRESS: 1750 ELM STREET #500
MANCHESTER, NH NH 03104
TEL #: 603-314-0615 **FAX #:** 603-314-0630 **E-MAIL:** sfoote@memic.com

MERCER INSURANCE COMPANY OF NEW JERSEY INC

NAME: LAWRENCE J CRAWFORD, VICE PRESIDENT, CLAIMS
ADDRESS: 10 NORTH HIGHWAY 31, PO BOX 278,
PENNINGTON, NJ 08534
TEL #: 609-737-0426 **FAX #:** 609-737-7783 **E-MAIL:** lcrawford@mercrins.com

NAME: STEPHEN ACQUINO, CASUALTY CLAIMS MANAGER
ADDRESS: 10 NORTH HIGHWAY 31, PO BOX 278
PENNINGTON NJ 08534
TEL #: 609-737-0426 **FAX #:** 609-737-7783 **E-MAIL:** sacquino@mercerins.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 **E-MAIL:** 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 **E-MAIL:** wwolfe@merchantsgroup.com

MERCHANTS PREFERRED INSURANCE COMPANY

NAME: DEE GRAULICH, W. C. CLAIM REPRESENTATIVE
ADDRESS: 309 FELLOWSHIP ROAD, SUITE 300,
MT. LAUREL NJ 08054
TEL #: 856-235-8890 ext. 271 **FAX #:** 856-778-8290 **E-MAIL:** fgraulich@merchantsgroup.com

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 **E-MAIL:** wwolfe@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 **E-MAIL:** 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 **E-MAIL:** namcy.hofacker@srsconnect.com

MERRILL LYNCH & CO. & SUBS.

NAME: CHRISTOPHER HOTALEN, BRANCH MANAGER
ADDRESS: 6 CAMPUS DRIVE,
PARSIPPANY NJ 07054
TEL #: 973-644-5906 **FAX #:** 866-680-7920 **E-MAIL:** christopher_jpta;em@gbtpa.com

NAME: CATHY LEAVITT, WORKERS COMPENSTION SUPERVISOR
ADDRESS: 6 CAMPUT DRIVE
PARSIPPANY NJ 07054
TEL #: 973-644-5946 **FAX #:** 866-680-7920 **E-MAIL:** CATHY_LEAVITT@GBTA.COM

MERRIMACK MUTUAL FIRE INSURANCE COMPANY

NAME: R. SCOTT TAYLOR, ASST. CLAIMS SECRETARY
ADDRESS: 95 OLD RIVER ROAD,
ANDOVER, MA 01810
TEL #: 800-225-0770 **FAX #:** 800-323-5112 **E-MAIL:** staylor@andovercos.com

NAME: JOSEPH CATALDO, ASST. CLAIMS SECRETARY
ADDRESS: 95 OLD RIVER ROAD
ANDOVER, MA 01810
TEL #: 800-225-0770 **FAX #:** 800-323-5112 **E-MAIL:** jcataldo@andovercos.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 **E-MAIL:** jglackin@diometuchen.org

NAME: ERIC DILL, HUMAN RESOURCES DIRECTOR
ADDRESS: 146 METLARS LANE
PPISCATAWAY NJ 07059
TEL #: 732-562-2465 **FAX #:** 732-562-2464 **E-MAIL:** 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 **E-MAIL:** shanna.adams@gmacts.com

MID CENTURY INSURANCE COMPANY

NAME: MICHAEL MCCABE, WC CLAIMS MANAGER
ADDRESS: 2245 SEQUOIA DRIVE,
AURORA, IL 60506
TEL #: 630-907-4335 **FAX #:** 630-907-2428 **E-MAIL:** michael.mccabe@farmersinsurance.com

NAME: CASSANDRA KOERNER, WC TEAM LEADER
ADDRESS: 2245 SEQUOIA DRIVE
AURORA, IL 60506
TEL #: 630-907-4345 **FAX #:** 630-907-2428 **E-MAIL:** cassandra.koerner@farmersinsurance.com

MID-CENTURY INSURANCE COMPANY

NAME: MIKE MCCABE, WC CLAIMS TEAM LEADER
ADDRESS: P.O. BOX 190,
NORTH AURORA, IL 60542
TEL #: 630-907-4335 **FAX #:** 630-907-2425 **E-MAIL:** michael.mccabe@farmersinsurance.com

NAME: TONI HUTCHISON, FUNCTIONAL CENTER OF EXCELLENCE MANAGER
ADDRESS: P.O. BOX 190
NORTH AURORA, IL 60542
TEL #: 630-907-4332 **FAX #:** 630-907-2428 **E-MAIL:** toni.hutchison@farmersinsurance.com

MIDDLESEX INSURANCE COMPANY

NAME: STEVE BURTON, CLAIM MANAGER
ADDRESS: 3 CARLISLE ROAD, PO BOX 584,
WESTFORD MA 01886
TEL #: 978-392-7042 **FAX #:** 978-392-7137 **E-MAIL:** Steve.Burton@Sentry.com

NAME: DONNA KLASING, CLAIM MANAGER
ADDRESS: 1421 STRONGS AVENUE, PO BOX 8032
STEVEN POINT WI 54481
TEL #: 715-346-9063 **FAX #:** 715-346-9708 **E-MAIL:** Donna.Klasing@Sentry.com

MIDWEST EMPLOYERS CASUALTY COMPANY

NAME: LORI ZOBLER, DIRECTOR OF CLAIMS
ADDRESS: BERKLEynet UNDERWRITERS LLC, 2445 KUSER ROAD, SUITE 201,
HAMILTON, NJ 08690
TEL #: 609-584-4563 **FAX #:** 866-921-7316 **E-MAIL:** LZobler@berkleynet.com

NAME: JOHN BURKE, SENIOR VP AND CHIEF CLAIMS OFFICER
ADDRESS: BERKLEynet UNDERWRITERS LLC, 12701 MARBLESTONE DRIVE, SUITE 250
WOODBIDGE, VA 22192
TEL #: 703-586-6304 **FAX #:** 866-790-2220 **E-MAIL:** JBurke@berkleynet.com

MIDWESTERN INDEMNITY COMPANY

NAME: TODD GANCARZ, UNIT LEADER
ADDRESS: 5062 BRITTONFIELD PARKWAY,
E. SYRACUSE NY 13057
TEL #: 315-431-6131 **FAX #:** 800-526-0681 **E-MAIL:** todd.gancarz@peerless.com

NAME: DONNA GIZZI, UNIT LEADER
ADDRESS: 5062 BRITTONFIELD PARKWAY
E. SYRACUSE NY 13057
TEL #: 315-431-6144 **FAX #:** 800-526-0681 **E-MAIL:** None provided

MITSUI SUMITOMO INSURANCE COMPANY OF AMERICA

NAME: MARY JO ASILO, WORKERS COMPENSATION SUPERVISOR
ADDRESS: 15 INDEPENDENCE BLVD,
WARREN NJ 07059
TEL #: 908-604-2915 **FAX #:** 908-604-2835 **E-MAIL:** mjasilo@insigusa.com

NAME: LINDA DUNHAM, SENIOR CLAIMS REPRESENTATIVE
ADDRESS: 15 INDEPENDENCE BLVD,
WARREN NJ 07059
TEL #: 908-604-2916 **FAX #:** 908-604-2835 **E-MAIL:** ldunham@insiguas.com

mitsui sumitomo insurance usa inc

NAME: MARY JO ASILO, WORKERS' COMPENSATION SUPERVISOR
ADDRESS: 15 INDEPENDENCE BLVD.,
WARREN NJ 07059
TEL #: 908-604-2915 **FAX #:** 908-604-2835 **E-MAIL:** mjasilo@msigusa.com

NAME: LINDA DUNHAM, SENIOR CLAIMS REPRESENTATIVE
ADDRESS: 15 INDEPENDENCE BLVD.
WARREN NJ 07059
TEL #: 908-604-2916 **FAX #:** 908-604-2835 **E-MAIL:** ldunham@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 **E-MAIL:** jlynch@qualcareinc.com

NAME: KAREN JOSKO, SUPERVISOR OF WORKERS' COMPENSATION
ADDRESS: PO BOX 309
PISCATAWAY NJ 08854
TEL #: 732-465-7346 **FAX #:** 732-465-7355 **E-MAIL:** kjosko@qualcareinc.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 **E-MAIL:** shanna.adams@gmacts.com

NATIONAL CONTINENTAL INSURANCE COMPANY

NAME: YVETTE MOORE, NATIONAL CLAIM ADJUSTER
ADDRESS: 6300 WILSON MILLS ROAD,
MAYFIELD VILLAGE, OH 44143
TEL #: 440-395-2519 **FAX #:** 888-569-7008 **E-MAIL:** ymoore1@progressive.com

NAME: JENNIFER KAMBLE, RISK RE-INSURANCE MANAGER
ADDRESS: 6300 WILSON MILLS ROAD
MAYFIELD VILLAGE, OH 44143
TEL #: 440-395-2129 **FAX #:** 888-569-7008 **E-MAIL:** jkamble1@progressive.com

NATIONAL FIRE INSURANCE OF HARTFORD

NAME: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
ADDRESS: 333 WABASH AVENUE 38-S,
CHICAGO IL 60604
TEL #: 312-822-4751 **FAX #:** 312-260-6320 **E-MAIL:** elizabeth.sieks@cna.com

NAME: KATHLEEN PAGNANO, VICE PRESIDENT WORKERS' COMPENSATION
ADDRESS: 333 WABASH AVENUE 38-S
CHICAGO IL 60604
TEL #: 312-822-6869 **FAX #:** 312-894-2670 **E-MAIL:** kathleen.pagnano@cna.com

NATIONAL REINSURANCE CORPORATION

NAME: ADAM D ROBERTS, VP AND ASST. GENERAL COUNSEL
ADDRESS: 695 EAST MAIN STREET,
STAMFORD CT 06904
TEL #: 203-328-6514 **FAX #:** 203-328-5877 **E-MAIL:** aroberts@genre.com

NAME: LORRAINE COCCOLA, ASSISTANT SECRETARY
ADDRESS: 695 EAST MAIN STREET
STAMFORD CT 06904
TEL #: 203-328-6027 **FAX #:** 203-328-5877 **E-MAIL:** lcoccola@genre.com

NATIONAL SURETY CORPORATION

NAME: DENNIS MASON, MBA SCLA, CLAIM DIRECTOR
ADDRESS: 11475 GREAT OAKS WAY, SUITE 200,
ALPHARETTA, GA 30022
TEL #: 678-393-4006 **FAX #:** 888-389-7231 **E-MAIL:** dennis.mason@ffic.com

NAME: MARY C. PELSER, WC CLAIMS TECHNICAL DIRECTOR
ADDRESS: 500 N. AKARD STREET, LINCOLN PLAZA, SUITE 400
DALLAS, TX 75201
TEL #: 972-939-1713 **FAX #:** 888-311-7748 **E-MAIL:** mary.pelser@ffic.com

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH PENNSYLVANIA

NAME: JANICE M. MOORE, ASST. VICE PRESIDENT
ADDRESS: CHARTIS, P.O. BOX 4050,
ALPHARETTA, GA 30023-4050
TEL #: 302-765-1635 **FAX #:** 320-765-1806 **E-MAIL:** JaniceM.Moore@chartisinsurance.com

NAME: MELODY KENSEY, ADMINISTRATIVE ASSISTANT
ADDRESS: CHARTIS, P.O. BOX 4050
ALPHARETTA, GA 30023-4050
TEL #: 302-765-1629 **FAX #:** 302-765-1800 **E-MAIL:** melody.fralick@chartisinsurance.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 **E-MAIL:** 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 **E-MAIL:** karen.peinkofer@peerless-ins.com

NEW HAMPSHIRE INSURANCE COMPANY

NAME: JANICE MOORE, ASST. VICE PRESIDENT
ADDRESS: CHARTIS, P.O. BOX 9973,
WILMINGTON, DE 19809
TEL #: 302-765-1635 **FAX #:** 302-765-1806 **E-MAIL:** JaniceM.Moore@chartisinsurance.com

NAME: MELODY KENSEY, ADMINISTRATIVE ASSISTANT
ADDRESS: CHARTIS, P.O. BOX 9973
WILMINGTON, DE 19809
TEL #: 302-765-1629 **FAX #:** 302-765-1806 **E-MAIL:** Melody.Fralick@chartisinsurance.com

NEW JERSEY CASUALTY INSURANCE COMPANY

NAME: EDWARD M KERNER, VICE PRESIDENT
ADDRESS: SULLIVAN WAY,
WEST TRENTON NJ 08328
TEL #: 609-883-1300 ext. 8020 **FAX #:** 609-493-1349 **E-MAIL:** ekerner@njm.com

NAME: MARK DUCA, ASSISTANT SECRETARY
ADDRESS: SULLIVAN WAY
WEST TRENTON NJ 08628
TEL #: 609-883-1300 ext. 6003 **FAX #:** 609-493-1274 **E-MAIL:** mduca@njm.com

NEW JERSEY INDEMNITY INSURANCE COMPANY

NAME: EDWARD M KERNER, VICE PRESIDENT
ADDRESS: SULLIVAN WAY,
W. TRENTON NJ 08628
TEL #: 609-883-1300 ext. 6004 **FAX #:** 609-493-1349 **E-MAIL:** ekerner@njm.com

NAME: MARK DUCA, ASSISTANT SECRETARY
ADDRESS: SULLIVAN WAY
W. TRENTON NJ 08628
TEL #: 609-883-1300 ext. 6003 **FAX #:** 609-493-1274 **E-MAIL:** mduca@njm.com

NEW JERSEY MANUFACTURERS INSURANCE COMPANY

NAME: EDWARD M KERNER, VICE PRESIDENT CLAIMS
ADDRESS: 301 SULLIVAN WAY,
TRENTON NJ 08628
TEL #: 609-883-1300 ext. 8020 **FAX #:** 609-493-1349 **E-MAIL:** ekerner@njm.com

NAME: MARC DUCA, ASSISTANT SECRETARY
ADDRESS: 301 SULLIVAN WAY
TRENTON NJ 08628
TEL #: 609-883-1300 ext. 6003 **FAX #:** 609-493-1274 **E-MAIL:** mduca@njm.com

NEW JERSEY RE-INSURANCE COMPANY

NAME: EDWARD M KERNER, VICE PRESIDENT
ADDRESS: SULLIVAN WAY,
WEST TRENTON NJ 08629
TEL #: 609-883-1300 ext. 6004 **FAX #:** 609-493-1349 **E-MAIL:** ekerner@njm.com

NAME: MARK DUCA, ASSISTANT SECRETARY
ADDRESS: SULLIVAN WAY
WEST TRENTON NJ 08628
TEL #: 609-883-1300 ext. 6003 **FAX #:** 609-493-1274 **E-MAIL:** mduca@njm.com

NEW YORK DAILY NEWS

NAME: TEREL J COOPERHOUSE, DIRECTOR OCCUPATIONAL HEALTH
ADDRESS: 500 7TH AVENUE, 8TH FLOOR,
NEW YORK NY 10018
TEL #: 212-556-1724 **FAX #:** 212-921-2055 **E-MAIL:** coopetj@nytimes.com

NAME: KRISTINE DOWNEY, MANAGER OCCUPATION HEALTH
ADDRESS: 500 7TH AVENUE, 8TH FLOOR
NEW YORK NY 10018
TEL #: 212-556-1898 **FAX #:** 212-921-2055 **E-MAIL:** downek@nytimes.com

NEW YORK TIMES CO. & SUBS.

NAME: TEREL J COOPERHOUSE, DIRECTOR OF OCCUPATIONAL HEALTH
ADDRESS: 500 7TH AVENUE,
NEW YORK, NY 10018
TEL #: 212-556-1724 **FAX #:** 212-921-2055 **E-MAIL:** coopetj@nytimes.com

NAME: KRISTINE A DOWNEY, CLAIMS MANAGER
ADDRESS: 500 7TH AVENUE
NEW YORK, NY 10018
TEL #: 212-556-1898 **FAX #:** 212-921-2055 **E-MAIL:** downek@nytimes.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 **E-MAIL:** wrobeldo@rcan.org

NAME: JOSEPH FRANK, EXECUTIVE DIRECTOR
ADDRESS: 171 CLIFTON AVENUE
NEWARK, NJ 07104
TEL #: 973-497-4041 **FAX #:** 973-497-4313 **E-MAIL:** frankjoe@rcan.org

NIAGRA FIRE INSURANCE COMPANY

NAME: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
ADDRESS: 333 S. WABASH AVENUE 38-6,
CHICAGO IL 60604
TEL #: 312-822-4751 **FAX #:** 312-260-6320 **E-MAIL:** elizabeth.sieks@cna.com

NAME: KATHLEEN PAGNANO, VICE PRESIDENT WORKERS' COMPENSATION
ADDRESS: 333 S. WABASH AVENUE 38-6
CHICAGO IL 60604
TEL #: 312-822-6869 **FAX #:** 312-894-2670 **E-MAIL:** kathleen.pagnano@cna.com

NIPPONKOA INSURANCE COMPANY LTD (US BRANCH)

NAME: MARGARET MUIR-O'CONNOR, WC CLAIM MANAGER
ADDRESS: 1000-1200 AMERICAN ROAD,
MORRIS PLAINS NJ 07950
TEL #: 973-401-3084 **FAX #:** 877-786-5568 **E-MAIL:** MMUIROCO@travelers.com

NAME: ANGELA BARBALACI, UNIT MANAGER
ADDRESS: 1200 AMERICAN ROAD
MORRIS PLAINS NJ 07950
TEL #: 973-401-3019 **FAX #:** 877-786-5568 **E-MAIL:** ABARBALA@travelers.com

NORDSTROM, INC.

NAME: SIMONETTA LEVEQUE, WORKERS COMPENSATION SUPERVISOR
ADDRESS: 1700 7TH AVENUE, SUITE 1000,
SEATTLE WA 98101
TEL #: 206-303-2501 **FAX #:** 206-303-2689 **E-MAIL:** simonetta.leveque@nordstrom.com

NAME: BOB HAUGEN, WORKERS' COMPENSATION MANAGER
ADDRESS: 1700 7TH AVENUE, SUITE 1000
SEATTLE WA 98101
TEL #: 206-303-2500 **FAX #:** 206-303-2689 **E-MAIL:** bob.haugen@nordstrom.com

NORFOLK & DEDHAM MUTUAL FIRE 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 **E-MAIL:** 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 **E-MAIL:** aconsoletti@ndgroup.com

NORGUARD INSURANCE COMPANY

NAME: MARY COSTA, WORKERS COMPENSATION CLAIMS SUPERVISOR
ADDRESS: 110 SO. JEFFERSON ROAD, 3RD FLOOR,
WHIPPANY NJ 07981-1038
TEL #: 800-673-2465 ext. 7813 **FAX #:** -- **E-MAIL:** mcosta@guard.com

NAME: MICHAEL POLICASTRO, MANAGING ATTORNEY
ADDRESS: 110 SO. JEFFERSON ROAD, 3RD FLOOR
WHIPPANY NJ 07981-1038
TEL #: 845-536-4545 **FAX #:** 866-852-4312 **E-MAIL:** mpolICASTRO@guard.com

NORTH AMERICAN ELITE INSURANCE COMPANY

NAME: EUNICE KOUVELIOTIS, CLAIMS TEAM LEADER
ADDRESS: 650 ELM STREET, 7TH FLOOR,
MANCHESTER NH 03101
TEL #: 603-634-5230 **FAX #:** 603-644-6644 **E-MAIL:** eunice_kouveliotis@nasins.com

NAME: PAULINE G DIONNE, CLAIMS ASSOCIATE
ADDRESS: 650 ELM STREET, 7TH FLOOR
MANCHESTER NH 03101
TEL #: 603-644-6658 **FAX #:** 603-644-6644 **E-MAIL:** pauline_dionne@nasins.com

NORTH AMERICAN SPECIALTY INSURANCE COMPANY

NAME: EUNICE KOUVELIOTIS, CLAIMS TEAM LEADER
ADDRESS: 650 ELM STREET, 7TH FL,
MANCHESTER NH 03101
TEL #: 603-634-5230 **FAX #:** 603-644-6644 **E-MAIL:** eunice_kouveliotis@nasins.com

NAME: PAULINE G DIONNE, CLAIMS ASSOCIATE
ADDRESS: 650 ELM STREET, 7 TH FL
MANCHESTER NH 03101
TEL #: 603-644-6658 **FAX #:** 603-644-6644 **E-MAIL:** pauline_dionne@nasins.com

NORTH POINTE INSURANCE COMPANY

NAME: ARLENE LYONS, WC CLAIMS MANAGER
ADDRESS: 305 MADISON AVENUE,
MORRISTOWN, NJ 07962
TEL #: 973-490-6016 **FAX #:** 877-622-6197 **E-MAIL:** arlene-lyons@cfins.com

NAME: MELISSA KOVACSY, ASST. VP - WC CLAIMS
ADDRESS: 305 MADISON AVENUE
MORRISTOWN, NJ 07962
TEL #: 973-490-6690 **FAX #:** 877-622-6197 **E-MAIL:** melissa-kovacsy@cfins.com

NORTH RIVER INSURANCE COMPANY

NAME: ARLENE LYONS, WORKERS' COMPENSATION MANAGER
ADDRESS: 305 MADISON AVENUE,
MORRISTOWN, NJ 07962
TEL #: 973-490-6016 **FAX #:** 877-622-6197 **E-MAIL:** Arlene_Lyons@cfins.com

NAME: MELISSA KOVACSY, ASSISTANT VICE PRESIDENT
ADDRESS: 305 MADISON AVENUE
MORRISTOWN, NJ 07962
TEL #: 973-490-6690 **FAX #:** 877-622-6197 **E-MAIL:** Melissa_Kovacsy@cfins.com

NORTH STAR REINSURANCE CORPORATION

NAME: ROBERT DENIS, ASST TREASURER
ADDRESS: 695 EAST MAIN STREET,
STAMFORD, CT 06901
TEL #: 203-328-6470 **FAX #:** 203-328-5061 **E-MAIL:** RDENIS@gnre.com

NAME: JACQUELINE JEAN CLAUDE, ASST. TREASURER
ADDRESS: 695 EAST MAIN STREET
STAMFORD, CT 06901
TEL #: 203-328-6663 **FAX #:** 203-328-5061 **E-MAIL:** jjeanclau@genre.com

NORTHERN ASSURANCE COMPANY OF AMERICA

NAME: BRETT BRADY, WC SUPERVISOR
ADDRESS: P.O. BOX 302,
BUFFALO, NY 14240
TEL #: 781-332-9023 **FAX #:** 866-578-4937 **E-MAIL:** bbrady@onebeacon.com

NAME: DAVID JOHNSON, CLAIMS MANAGER
ADDRESS: P.O. BOX 302
BUFFALO NY 14240
TEL #: 781-332-9048 **FAX #:** 866-505-2478 **E-MAIL:** dljohnson@onebeacon.com

NORTHWESTERN NATIONAL INSURANCE COMPANY OF MILWAUKEE WISCONSIN

NAME: LINDA VANCE, CLAIMS ADM. MANAGER
ADDRESS: 9277 CENTRE POINTE, SUITE 140,
WEST CHESTER OH 45069
TEL #: 513-425-5981 **FAX #:** 513-425-5180 **E-MAIL:** linda.vance@aksteel.com

NAME: GARRY SUSSMAN, VICE PRESIDENT
ADDRESS: 9277 CENTRE POINTE, SUITE 140
WEST CHESTER OH 45069
TEL #: 513-425-5920 **FAX #:** 513-425-5180 **E-MAIL:** gary.sussman@aksteel.com

NOVA CASUALTY COMPANY

NAME: MICHELE KENNEDY, ASST. VP
ADDRESS: 2 WATERSIDE CROSSING, SUITE 400,
WINDSOR, CT 06095
TEL #: 860-683-5012 **FAX #:** 860-683-4453 **E-MAIL:** mkennedy@aixgroup.com

NAME: BRIAN RALPHS, VICE PRESIDENT
ADDRESS: 2 WATERSIDE CROSSING, SUITE 400
WINDSOR, CT 06095
TEL #: 860-683-9866 **FAX #:** 860-683-4453 **E-MAIL:** bralphs@aixgroup.com

OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA

NAME: NANCY ROSAS, CLAIM MANAGER
ADDRESS: 702 OBERLIN ROAD,
RALEIGH NC 27605
TEL #: 919-838-4442 **FAX #:** 919-834-0855 **E-MAIL:** nrosas@ofc-wic.com

NAME: KIM CARTER, CLAIM EXAMINER III
ADDRESS: 702 OBERLINE ROAD
RALEIGH NC 27605
TEL #: 866-969-3899 **FAX #:** 919-834-0855 **E-MAIL:** kcarter@ofc-wic.com

OHIO CASUALTY INSURANCE COMPANY

NAME: TODD GANCARZ, UNIT LEADER
ADDRESS: 5062 BRITTONFIELD PARKWAY,
EAST SYRACUSE, NY 13057
TEL #: 315-431-6131 **FAX #:** 800-526-0681 **E-MAIL:** todd.gancarz@peerless-ins.com

NAME: KAREN PEINKOFER, UNIT LEADER
ADDRESS: 5062 BRITTONFIELD PARKWAY
EAS SYRACUSE, NY 13057
TEL #: 315-431-6322 **FAX #:** 800-526-0681 **E-MAIL:** karen.peinkofer@peerless-ins.com

OHIO SECURITY INSURANCE COMPANY

NAME: TODD GANCARZ, UNIT LEADER
ADDRESS: 5062 BRITTONFIELD PARKWAY,
EAST SYRACUSE NY 13057
TEL #: 315-431-6131 **FAX #:** 800-526-0681 **E-MAIL:** tod.gancarz@peerles-ins.com

NAME: KAREN PEINKOFER, UNIT LEADER
ADDRESS: 5062 BRITTONFIELD PARKWAY
EAST SYRACUSE NY 13057
TEL #: 315-431-6322 **FAX #:** 800-526-0681 **E-MAIL:** karen.peinkofer@peerless-ins.com

OLD REPUBLIC INSURANCE COMPANY

NAME: J. ERIC STROKA, ASSISTANT VICE PRESIDENT
ADDRESS: P.O. BOX 2200,
GREENSBURG PA 15601
TEL #: 724-834-5000 **FAX #:** 724-834-8204 **E-MAIL:** e.stroka@orinsco.com

NAME: BETSEY SELLERS, MANAGER
ADDRESS: P.O. BOX 2200
GREENSBURG PA 15601
TEL #: 724-834-5000 **FAX #:** 724-838-5404 **E-MAIL:** b.sellers@orinsco.com

ONEBEACON AMERICA INSURANCE COMPANY

NAME: BRETT BRADY, WORKERS' COMPENSATION SUPERVISOR
ADDRESS: P.O. BOX 302,
BUFFALO NJ 14240
TEL #: 781-332-9023 **FAX #:** 866-578-4937 **E-MAIL:** bbrady@onebeacon.com

NAME: DAVID JOHNSON, WORKERS' COMPENSATION SUPERVISOR
ADDRESS: P.O. BOX 302
BUFFALO NY 14240
TEL #: 781-332-9048 **FAX #:** 866-505-2478 **E-MAIL:** djohnson@onebeacon.com

ONEBEACON INSURANCE COMPANY

NAME: BRETT BRADY, WC SUPERVISOR
ADDRESS: P.O. BOX 302,
BUFFALO NY 14240
TEL #: 781-332-9023 **FAX #:** 866-578-4937 **E-MAIL:** bbrady@onebeacon.com

NAME: DAVID JOHNSON, CLAIMS MANAGER
ADDRESS: P.O. BOX 302
BUFFALO NY 14240
TEL #: 781-332-9048 **FAX #:** 866-505-2478 **E-MAIL:** djohnson@onebeacon.com

OWENS-BROCKWAY GLASS CONTAINER, INC.

NAME: LINDA FULLMER, CLAIMS REPRESENTATIVE
ADDRESS: 8 FLOWERS DRIVE,
MECHANICSBURG, PA 17050
TEL #: 800-437-1266 **FAX #:** 866-880-2990 **E-MAIL:** linda_fullmer@GBTPA.com

NAME: JAMES C. KNICOS, WC CONSULTANT
ADDRESS: P.O. BOX 3455
MERCERVILLE, NJ 08619
TEL #: 609-915-3246 **FAX #:** 609-587-4304 **E-MAIL:** Kappa59@AOL.com

OWENS-BROCKWAY PLASTIC PRODUCTS, INC.

NAME: LINDA FULLMER, CLAIMS REPRESENTATIVE
ADDRESS: 8 FLOWERS DRIVE,
MECHANICSBURG PA 17050
TEL #: 800-437-1266 **FAX #:** 866-880-2990 **E-MAIL:** linda_fuller@GBTPA.com

NAME: JAMES C KNICOS, WORKERS' COMPENSATION CONSULTANT
ADDRESS: PO BOX 3455
MERCERVILLE NJ 08619
TEL #: 609-915-3246 **FAX #:** 609-587-4304 **E-MAIL:** Kappa59@aol.com

OWENS-ILLINOIS CLOSURE, INC.

NAME: LINDA FULLMER, CLAIMS REPRESENTATIVE
ADDRESS: 8 FLOWERS DRIVE,
MECHANICSBURG, PA 17050
TEL #: 800-437-1266 **FAX #:** 866-880-2990 **E-MAIL:** linda_fullmer@GBTPA.com

NAME: JAMES C. KNICOS, WC CONSULTANT
ADDRESS: P.O. BOX 3455
MERCERVILLE, NJ 08619
TEL #: 609-915-3246 **FAX #:** 609-587-4304 **E-MAIL:** Kappa59@AOL.com

OWENS-ILLINOIS PRESCRIPTION PROD INC.

NAME: LINDA FULLMER, CLAIMS REPRESENTATIVE
ADDRESS: 8 FLOWERS DRIVE,
MECHANICSBURG, PA 17050
TEL #: 800-437-1266 **FAX #:** 866-880-2990 **E-MAIL:** linda_fullmer@GBTPA.com

NAME: JAMES C. KNICOS, WC CONSULTANT
ADDRESS: P.O. BOX 3455
MERCERVILLE, NJ 08619
TEL #: 609-915-3246 **FAX #:** 609-587-4304 **E-MAIL:** Kappa59@AOL.com

OWENS-ILLINOIS, INC.

NAME: THAD FRANKLIN, MANAGER, WC
ADDRESS: OWENS ILLINOIS, INC., ONE MICHAEL OWENS WAY,
PERRYSBURG, OH 43551-2999
TEL #: 567-336-2064 **FAX #:** 567-336-1218 **E-MAIL:** thad.franklin@o-i.com

NAME: ELIZABETH LOUDENSLAGER, CLAIMS EXAMINER
ADDRESS: GALLAGHER BASSETT, 8 FLOWERS DRIVE
MECHANICSBURG, PA 17050
TEL #: 717-731-7258 **FAX #:** 866-398-2636 **E-MAIL:** elizabeth_loudenslager@GBTPA.com

PACIFIC EMPLOYERS INSURANCE COMPANY

NAME: PAM LLEWELLYN, AVP WORKERS' COMPENSATION
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4-E,
WILMINGTON DE 19803
TEL #: 302-476-7255 **FAX #:** 302-476-7858 **E-MAIL:** pamelallewellyn@ace-ina.com

NAME: GUS GONNELLA, AVP WORKERS' COMPENSATION
ADDRESS: ONE BEAVER VALLEY ROAD
WILMINGTON DE 19803
TEL #: 302-476-7822 **FAX #:** 302-476-7858 **E-MAIL:** gus.gonnella@ace-ina.com

PACIFIC INDEMNITY COMPANY

NAME: ANDY HERBERT, CLAIMS SUPERVISOR
ADDRESS: 15 MOUNTAIN VIEW ROAD, PO BOX 1616,
WARREN NJ 07059
TEL #: 908-903-5551 **FAX #:** 908-903-5537 **E-MAIL:** aherbert@chubb.com

NAME: CRAIG FARINA, CLAIMS MANAGER
ADDRESS: 15 MOUNTAIN VIEW ROAD, PO BOX 1616
WARREN NJ 07059
TEL #: 908-903-5517 **FAX #:** 908-903-5537 **E-MAIL:** cfarina@chubb.com

PACIFIC PIONEER INSURANCE COMPANY

NAME: PING CHEN, CFO
ADDRESS: 6363 KATELLA AVENUE,
CYPRESS, CA 90630
TEL #: 714-228-7800 **FAX #:** 714-228-7893 **E-MAIL:** pchen@pacpioneer.com

NAME: SUE CANNON, HR MANAGER
ADDRESS: 6363 KATELLA AVENUE
CYPRESS, CA 90630
TEL #: 714-228-7800 **FAX #:** 714-228-7810 **E-MAIL:** scannon@pacpioneer.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 **E-MAIL:** gll@naiclaimsconsulting.com

NAME: TERRY BANASZAK, ACCOUNT EXECUTIVE
ADDRESS: 1700 EASTPOINT PARKWAY
LOUISVILLE, KY 40223
TEL #: 502-244-1343 **FAX #:** 502-426-9185 **E-MAIL:** terryb@uscky.com

PATERSON, RC DIOCESE OF

NAME: PATRICIA NAPIER, SR WC CLAIMS SUPERVISOR
ADDRESS: P.O. BOX 500,
SOMERS POINT, NJ 08244-0500
TEL #: 800-367-0138 ext. 2046 **FAX #:** 609-926-8038 **E-MAIL:** tnapier@sciadvantage.com

NAME: LINDA DEROUIN, LITIGATED SUPERVISOR
ADDRESS: P.O. BOX 500
SOMERS POINT, NJ 08244-0500
TEL #: 800-367-0138 ext. 2058 **FAX #:** 609-926-8038 **E-MAIL:** lderouin@sciadvantage.com

PATHMARK STORES, INC.

NAME: GARY FORTMAN, DIRECTOR-CASUALTY CLAIMS
ADDRESS: 333 EARL OVERTON BLVD.,
UNIONDALE NY 11553
TEL #: 516-228-1404 **FAX #:** 516-228-1420 **E-MAIL:** fortman@aptea.com

NAME: CHRISTIE COLEMAN, CLAIMS SUPERVISOR
ADDRESS: 2 PARAGON DRIVE
MONTVALE NJ 07645
TEL #: 201-571-8112 **FAX #:** 201-571-8108 **E-MAIL:** coleman@aptea.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 **E-MAIL:** 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 **E-MAIL:** karen.peinkofer@peerless-ins.com

PEERLESS INSURANCE COMPANY

NAME: TODD GANCARZ, UNIT LEADER
ADDRESS: 5062 BRITTONFIELD PARKWAY,
EAST SYRACUSE, NY 13057
TEL #: 315-431-6131 **FAX #:** 800-526-0681 **E-MAIL:** 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 **E-MAIL:** Karen.Peinkofer@Peerless-ins.com

PENN MILLERS INSURANCE COMPANY

NAME: MARCY MARRA, CLAIMS SUPERVISOR
ADDRESS: PENN MILLERS, PO BOX P,
WILKES-BARRE PA 18773
TEL #: 570-200-1344 **FAX #:** 570-822-2165 **E-MAIL:** mmarra@pennmillers.com

NAME: KEVIN HIGGINS, VICE PRESIDENT CLAIMS
ADDRESS: PENN MILLERS, PO BOX P
WILKES-BARRE PA 18773
TEL #: 570-200-2074 **FAX #:** 570-822-2165 **E-MAIL:** khiggins@pennmillers.com

PENNSYLVANIA GENERAL INSURANCE COMPANY

NAME: BRETT BRADY, WORKERS' COMPENSATION SUPERVISOR
ADDRESS: P.O. BOX 302,
BUFFALO NY 14240
TEL #: 781-332-9023 **FAX #:** 866-578-4937 **E-MAIL:** bbrady@onebeacon.com

NAME: DAVID JOHNSON, CLAIMS MANAGER
ADDRESS: P.O. BOX 302
BUFFALO NY 14240
TEL #: 781-332-9048 **FAX #:** 866-505-2478 **E-MAIL:** djohnson@onebeacon.com

PENNSYLVANIA LUMBERMENS MUTUAL INSURANCE COMPANY

NAME: FRANCIS R SANTORO, ASSISTANT VICE PRESIDENT - CLAIMS
ADDRESS: ONE COMMERCE SQUARE, 2005 MARKET STREET, SUITE 1200
PHILADELPHIA PA 19103
TEL #: 267-825-9398 **FAX #:** 267-825-9399 **E-MAIL:** fsantoro@plmins.com

NAME: JOSEPH W MCCREA, SENIOR VICE PRESIDENT - CLAIMS
ADDRESS: ONE COMMERCE SQUARE, 2005 MARKET STREET PHILADELPHIA
PHILADELPHIA PA 19103
TEL #: 267-825-9400 **FAX #:** 267-825-9399 **E-MAIL:** jmcrea@plmins.com

PENNSYLVANIA MANUFACTURERS ASSOCIATION INSURANCE COMPANY

NAME: MARITA TORTORELLI, REGIONAL CLAIM MANAGER
ADDRESS: 330 FELLOWSHIP ROAD, 2ND FLOOR,
MT. LAUREL, NJ 08054
TEL #: 856-727-3117 **FAX #:** 856-727-3144 **E-MAIL:** marita_tortorelli@pmagroup.com

NAME: EDYTHE WITTMER-STORER, REGIONAL CLAIM SUPERVISOR
ADDRESS: 330 FELLOWSHIP ROAD, 2ND FLOOR
MT. LAUREL, NJ 08054
TEL #: 856-727-3117 **FAX #:** 856-727-3144 **E-MAIL:** edythe_wittmer@pmagroup.com

PENNSYLVANIA MANUFACTURERS INDEMNITY COMPANY

NAME: MARITA TORTORELLI, REGIONAL CLAIM MANAGER
ADDRESS: 330 FELLOWSHIP ROAD, 2ND FLOOR,
MT. LAUREL, NJ 08054
TEL #: 856-727-3117 **FAX #:** 856-727-3144 **E-MAIL:** marita_tortorelli@pmagroup.com

NAME: EDYTHE WITTMER-STORER, REGIONAL CLAIM SUPERVISOR
ADDRESS: 330 FELLOWSHIP ROAD, 2ND FLOOR
MT. LAUREL, NJ 08054
TEL #: 856-727-3063 **FAX #:** 856-727-3144 **E-MAIL:** edythe_wittmer@pmagroup.com

PENNSYLVANIA NATIONAL MUTUAL CASUALTY COMPANY

NAME: REGINA CUNNINGHAM, WC SUPERVISOR
ADDRESS: 3150 BRUNSWICK PIKE,
LAWRENCEVILLE, NJ 08648
TEL #: 800-523-0583 ext. 5620 **FAX #:** 800-523-0583 **E-MAIL:** rcunningham@pnat.com

NAME: GLORIA PELLEGRINO, ADMINISTRATIVE ASSISTANT
ADDRESS: 3150 BRUNSWICK PIKE
LAWRENCEVILLE, NJ 08648
TEL #: 800-523-0583 ext. 5620 **FAX #:** 866-523-0583 **E-MAIL:** gpellegrino@pnat.com

PETROLEUM CASUALTY COMPANY

NAME: JOHN E DILL, CLAIM SUPERVISOR
ADDRESS: 3225 GALLOWS ROAD - 2C2126, C/O EXXON MOBIL RISK MANAGEMENT, INC.,
FAIRFAX VA 22037
TEL #: 703-846-2484 **FAX #:** 7.0-846-2363 **E-MAIL:** john.e.dill@exxonmobil.com

NAME: ALAN RAPEE, TEAM LEADER
ADDRESS: 3225 GALLOWS ROAD - 2C2126, C/O EXXON MOBIL RISK MANAGEMENT, INC.
FAIRFAX VA 22037
TEL #: 703-846-7247 **FAX #:** 703-846-2363 **E-MAIL:** alan.rapee@exxonmobile.com

PHOENIX INSURANCE COMPANY

NAME: MARGARET MUIR-O'CONNOR, WC CLAIM MANAGER
ADDRESS: 1000-1200 AMERICAN ROAD,
MORRIS PLAINS, NJ 07950
TEL #: 973-401-3084 **FAX #:** 877-786-5568 **E-MAIL:** MMUIROCO@travelers.com

NAME: ANGELA BARBALACI, UNIT MANAGER
ADDRESS: 1200 AMERICAN ROAD
MORRIS PLAINS, NJ 07950
TEL #: 973-401-3019 **FAX #:** 877-786-5568 **E-MAIL:** ABARBALA@travelers.com

PLATTE RIVER INSURANCE COMPANY

NAME: TOM MORIEARTY, CLAIMS SPECIALIST
ADDRESS: P.O. BOX 5900,
MADISON, WI 53705-0900
TEL #: 608-829-4834 **FAX #:** 608-829-7411 **E-MAIL:** tmoriearty@capitol.net

NAME: DAVID REGELE, CLAIMS MANAGER
ADDRESS: P.O. BOX 5900
MADISON, WI 53705-0900
TEL #: 608-829-4200 **FAX #:** 608-829-7411 **E-MAIL:** dregele@capitol.net

PMA CAPITAL INSURANCE COMPANY

NAME: MARITA TORTORELLI, REGIONAL CLAIMS MANAGER
ADDRESS: 330 FELLOWSHIP ROAD, SUITE 200,
MT. LAUREL NJ 08054
TEL #: 856-727-3117 **FAX #:** 856-727-3144 **E-MAIL:** MARTA_TORTORELLI@PMA
GROUP.COM

NAME: EDYTHE W STORER, REGIONAL CLAIMS MANAGER
ADDRESS: 330 FELLOWSHIP ROAD, SUITE 200
MT. LAUREL NJ 08054
TEL #: 856-727-3013 **FAX #:** -- **E-MAIL:** EDYTHE_WITTMER@PMAGROUP.COM

PORT AUTHORITY OF N.Y. & N.J.

NAME: WILLIAM SHALEWITZ, PARALEGAL
ADDRESS: 225 PARK AVENUE SOUTH,
NEW YORK, NY 10003
TEL #: 212-435-3667 **FAX #:** 212-435-3569 **E-MAIL:** wshalewitz@panynj.gov

NAME: HOWARD CONKLING, ESQ., ATTORNEY
ADDRESS: 225 PARK AVENUE SOUTH
NEW YORK, NY 10003
TEL #: 212-435-3427 **FAX #:** 212-435-3427 **E-MAIL:** hconklin@panynj.gov

POTOMAC INSURANCE COMPANY OF ILLINOIS

NAME: PEGGY ATTARDO, WC SUPERVISOR
ADDRESS: P.O. BOX 302,
BUFFALO, NY 14240
TEL #: 716-932-9343 **FAX #:** 866-267-6212 **E-MAIL:** mattardo@onebeacon.com

NAME: DAVID JOHNSON, CLAIMS MANAGER
ADDRESS: P.O. BOX 302
BUFFALO, NY 14240
TEL #: 716-932-9260 **FAX #:** 866-505-2478 **E-MAIL:** dljohnson@onebeacon.com

PPG INDUSTRIES, INC.

NAME: JIM KEEFER, DIRECTOR OF NATIONAL ACCOUNTS CLAIMS
ADDRESS: SENTRY INSURANCE, PO BOX 8032, 1800 NORTH POINT DRIVE`
STEVENS POINT WI 54481
TEL #: 715-346-7395 **FAX #:** 715-346-7112 **E-MAIL:** jim.kieffer@sentry.com

PRESBYTERIAN HOMES & SERVICES, INC

NAME: PATRICIA NAPIER, SR WC CLAIMS SUPERVISOR
ADDRESS: P.O. BOX 500,
SOMERS POINT, NJ 08244-0500
TEL #: 800-367-0138 ext. 2046 **FAX #:** 609-926-8038 **E-MAIL:** tnapier@sciadvantage.com

NAME: LINDA DEROUIN, LITIGATED SUPERVISOR
ADDRESS: P.O. BOX 500
SOMERS POINT, NJ 08244-0500
TEL #: 800-367-0138 ext. 2058 **FAX #:** 609-926-8038 **E-MAIL:** lderouin@sciadvantage.com

PRESERVER INSURANCE COMPANY

NAME: LAURA DANIELS, WORKERS COMPENSATION SUPERVISOR
ADDRESS: 225 BROADHOLLOW ROAD, ROUTE 410-E,
MELVILLE NY 11747
TEL #: 631-465-1429 **FAX #:** 631-465-1425 **E-MAIL:** ldaniels@twrgrp.com

NAME: DEBORAH KREMER, WORKERS COMPENSATION SUPERVISOR
ADDRESS: 225 BROADHOLLOW ROAD, ROUTE 410-E
MELVILLE NY 11747
TEL #: 631-465-1443 **FAX #:** 631-465-1425 **E-MAIL:** dkremer@turgrp.com

PRINCETON INSURANCE COMPANY

NAME: PHYLLIS GODFREY, WORKERS' COMPENSATION SUPERVISOR
ADDRESS: P.O. BOX 5322,
PRINCETON NJ 08543-5322
TEL #: 609-452-9404 **FAX #:** 609-452-5478 **E-MAIL:** phyllis.godfrey@princetoninsurance.com

NAME: RITA GUZZO, WORKERS' COMPENSATION EXAMINER
ADDRESS: P.O. BOX 5322
PRINCETON NJ 08543-5322
TEL #: 609-452-9404 **FAX #:** 609-452-5326 **E-MAIL:** rita.guzzo@princetoninsurance.com

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 **E-MAIL:** 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 **E-MAIL:** adamsm@princeton.edu

PROCTOR & 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 **E-MAIL:** 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 **E-MAIL:** bowling.ca@pg.com

PROCTOR & 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 **E-MAIL:** denise.mcclanahan@cambridge.com

NAME: CARRIE BOWLING, ADMINISTRATOR
ADDRESS: 5299 SPRING GROVE AVENUE
CINCINNATI, OH 45217
TEL #: 513-627-7571 **FAX #:** 866-554-0470 **E-MAIL:** bowling.ca@pg.com

PROPERTY & CASUALTY COMPANY OF HARTFORD

NAME: DESEREE' KASZUBINSKI, CLERICAL SUPPORT UNIT LEADER
ADDRESS: P.O. BOX 14472,
LEXINGTON, KY 40512
TEL #: 315-385-5248 **FAX #:** 860-947-3912 **E-MAIL:** deseree.kaszubinski@thehartford.com

NAME: BARBARA VANELLI, INTERNAL OPERATIONS TEAM LEADER
ADDRESS: P.O. BOX 14472
LEXINGTON, KY 40512
TEL #: 315-385-6422 **FAX #:** 860-947-3809 **E-MAIL:** barbara.vanelli@thehartford.com

PROTECTIVE INSURANCE COMPANY

NAME: JENNI TANNER, WC MANAGER
ADDRESS: 1099 N. MERIDIAN STREET,
INDIANAPOLIS IN 46204
TEL #: 317-429-2636 **FAX #:** 317-429-2637 **E-MAIL:** jtanner@baldwinandlyons.com

NAME: JEFF THACKER, WC UNIT MANAGER
ADDRESS: 1099 N. MERIDIAN STREET
INDIANAPOLIS IN 46204
TEL #: 317-429-2626 **FAX #:** 317-429-2637 **E-MAIL:** jthacker@baldwinandlyons.com

PROVIDENCE WASHINGTON INSURANCE COMPANY

NAME: AMY WATTS, CLAIMS MANAGER
ADDRESS: 1275 WAMPANOGG TRAIL,
EAST PROVIDENCE RI 02915
TEL #: 401-453-7386 **FAX #:** 401-431-9438 **E-MAIL:** awatts@prowashsolutions.com

NAME: CAROLINE CURTIS, VICE PRESIDENT - CLAIMS
ADDRESS: 1275 WAMPANOGG TRAIL
EAST PROVIDENCE RI 02915
TEL #: 401-453-7000 **FAX #:** 401-431-9438 **E-MAIL:** ccurtis@provwashsolutions.com

PSEG POWER LLC AND SUBSIDIARIES

NAME: MELISSA KUCHTYAK, ADMINISTRATIVE SECRETARY
ADDRESS: PMA COMPANIES, 330 FELLOWSHIP ROAD, SUITE 200
MT. LAUREL NJ 08054
TEL #: 856-727-3015 **FAX #:** 856-727-3186 **E-MAIL:** melissa_kuchtyak@pmagroup.com

NAME: JIM JORDAN, A.V.P. CLAIMS
ADDRESS: PMA COMPANIES, 330 FELLOWSHIP ROAD SUITE 200
MT. LAUREL NJ 08054
TEL #: 856-727-3039 **FAX #:** 856-727-3186 **E-MAIL:** jim_jordan@pmagroup.com

PSEG SERVICES CORPORATION

NAME: MELISSA KUCHTYAK, ADMINISTRATIVE SECRETARY
ADDRESS: 330 FELLOWSHIP ROAD, SUITE 200,
MT. LAUREL NJ 08054
TEL #: 856-727-3015 **FAX #:** 856-727-3186 **E-MAIL:** melissa_kuchtyak@pmagroup.com

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 **E-MAIL:** jim_jordan@pmagroup.com

PUBLIC SERVICE ELECTRIC & GAS CO.

NAME: MELLISA KUCHTYAK, ADMINISTRATIVE SECRETARY
ADDRESS: 330 FELLOWSHIP ROAD, SUITE 200,
MT. LAUREL NJ 08084
TEL #: 856-727-3015 **FAX #:** 856-727-3186 **E-MAIL:** melissa_kuchtyak@pmagroup.com

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 **E-MAIL:** jim_jordan@pmagroup.com

PUBLIC SERVICE MUTUAL 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 **E-MAIL:** nrothstein@mcarta.com

NAME: MICHELE WOODSON, MANAGER
ADDRESS: ONE PARK AVENUE
NEW YORK CITY NY 10016
TEL #: 212-591-9320 **FAX #:** 212-591-9644 **E-MAIL:** mwoodson@mcarta.com

QBE INSURANCE CORPORATION

NAME: LANCE ALBRIGHT, SVP CLAIMS
ADDRESS: 88 PINE STREET, WALL STREET PLAZA,
NEW YORK, NY 10005
TEL #: 212-422-1212 **FAX #:** 212-422-1313 **E-MAIL:** lalbright@qbeamericas.com

NAME: BRUCE CARLINO, HEAD OF CLAIMS, SPECIALTY
ADDRESS: 88 PINE STREET, WALL STREET PLAZA
NEW YORK, NY 10005
TEL #: 212-422-1212 **FAX #:** 212-422-1313 **E-MAIL:** bcarlino@qbeamericas.com

QUADRANT INDEMNITY COMPANY

NAME: ALEXANDER HERBERT, WC CLAIM SUPERVISOR
ADDRESS: 15 MOUNTAIN VIEW ROAD,
WARREN, NJ 07059
TEL #: 908-903-5551 **FAX #:** 908-903-5537 **E-MAIL:** asherbert@chubb.com

QUICK CHECK CORPORATION

NAME: MELISSA KUCHTYAK, ADMINISTRATIVE SECRETARY
ADDRESS: 330 FELLOWHIP ROAD, SUITE 200,
MT. LAUREL NJ 08054
TEL #: 856-727-3015 **FAX #:** 856-727-3186 **E-MAIL:** melissa_kuchtyak@pmagroup.com

NAME: JIM JORDAN, A.V.P. CLAIMS
ADDRESS: 330 FELLOWHIP ROAD, SUITE 200
MT. LAUREL NJ 08054
TEL #: 856-727-3039 **FAX #:** 856-727-3186 **E-MAIL:** jim_jordan@pmagroup.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 **E-MAIL:** 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 **E-MAIL:** akendall@quincymutual.com

RALPH CLAYTON & SONS AND AFFILIATES

NAME: LOIS M. KAPP, MANAGER
ADDRESS: P.O. BOX 3015,
LAKEWOOD, NJ 08701
TEL #: 732-751-7668 **FAX #:** 732-751-7619 **E-MAIL:** LKapp@claytonsonline.com

NAME: SANDRA DEVITO, CLAIMS ADJUSTER
ADDRESS: P.O. BOX 3015
LAKEWOOD, NJ 08701
TEL #: 732-751-7662 **FAX #:** 732-751-7619 **E-MAIL:** SDevito@claytonsonline.com

REINSURANCE COMPANY OF AMERICA

NAME: SARAH E ODDI, NATIONAL CLAIM DIRECTOR
ADDRESS: 1310 UTICA STREET,
ORISKANY NY 13424
TEL #: 315-768-2726 **FAX #:** 888-884-2193 **E-MAIL:** soddi@oriska.com

NAME: SAM H PATTERSON, CLAIMS EXAMINER
ADDRESS: 1310 UTICA STREET
ORISKANY NJ 13424
TEL #: 315-768-2726 **FAX #:** 888-884-2193 **E-MAIL:** spatterson@oriska.com

REPUBLIC WESTERN INSURANCE COMPANY

NAME: SHERRY FITCH, REGULATORY LIAISON
ADDRESS: 2721 N. CENTRAL AVENUE,
PHOENIX, AZ 85004
TEL #: 602-280-7924 **FAX #:** 602-745-7379 **E-MAIL:** SAFitch@RepWest.com

NAME: BARBARA DECOSTA, WC CLAIMS MANAGER
ADDRESS: 2721 N. CENTRAL AVENUE
PHOENIX. AZ 85004
TEL #: 602-263-6755 **FAX #:** 602-745-7379 **E-MAIL:** BJDecosta@RepWest.com

REPUBLIC-FRANKLIN INSURANCE COMPANY

NAME: SHARRON SOCHON, WC SUPERVISOR
ADDRESS: 50 MILLSTONE ROAD, BLDG. 200, SUITE 240,
EAST WINDSOR, NJ 08520
TEL #: 609-308-4506 **FAX #:** 609-308-4599 **E-MAIL:** sharron.sochon@uticanational.com

NAME: JOSEPH SMITH, DISTRICT CLAIMS MANAGER
ADDRESS: 50 MILLSTONE ROAD, BLDG. 200, SUITE 240
EAST WINDSOR, NJ 08520
TEL #: 609-308-4505 **FAX #:** 609-308-4599 **E-MAIL:** joseph.smith@uticanational.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 **E-MAIL:** JBakalchuk@qualcareinc.com

NAME: JUDI BARANOWITZ, BENEFITS MANAGER
ADDRESS: 181 SOMERSET STREET
NEW BRUNSWICK, NJ 08901
TEL #: 732-937-8811 **FAX #:** 732-937-8774 **E-MAIL:** Judi.Baranowitz@rwjuh.edu

ROCHDALE INSURANCE COMPANY

NAME: KIMBERLY KOWALSKI, WORKERS' COMPENSATION CLAIMS MANAGER
ADDRESS: AMTRUST NORTH AMERICA, 300 ALEXANDER PARK, SUITE 300
PRINCETON NJ 08540
TEL #: 609-936-3001 **FAX #:** 609-919-9751 **E-MAIL:** kkowalski@amtrustgroup.com

NAME: JACQUELINE LYNCH, WORKERS' COMPENSATION CLAIMS SUPERVISOR
ADDRESS: AMTRUST NORTH AMERICA, 300 ALEXANDER PARK SUITE 300
PRINCETON NJ 08540
TEL #: 609-396-3003 **FAX #:** 609-919-9751 **E-MAIL:** jacqueline.lynch@amtrustgroup.com

ROSE TRUCKING CORP.

NAME: JACQUELIN SIMMONS, VICE PRESIDENT OF HUMAN RESOURCES
ADDRESS: 380 MIDDLESEX AVENUE,
CARTERET NJ 07008
TEL #: 732-541-3551 **FAX #:** 732-541-3520 **E-MAIL:** jsimm@whiterose.com

NAME: JOHN M KOCOT, WORKERS' COMPENSATION CLAIMS ADMINISTRATOR
ADDRESS: 380 MIDDLESEX AVENUE
CARTERET NJ 07008
TEL #: 732-541-3654 **FAX #:** 732-541-3507 **E-MAIL:** jkoco@whiterose.com

ROYAL INDEMNITY COMPANY

NAME: AUDRA MORASKI, CLAIM SUPERVISOR
ADDRESS: P.O. BOX 4701,
SYRACUSE, NY 13221
TEL #: 315-426-4035 **FAX #:** 315-426-4088 **E-MAIL:** Audra.Moraski@arrowpointcap.com

NAME: MELISSA PIRAINO, CLAIM SUPERVISOR
ADDRESS: P.O. BOX 4701
SYRACUSE, NY 13221
TEL #: 315-426-4063 **FAX #:** 315-426-4088 **E-MAIL:** Melissa.Piraino@arrowpointcap.com

RURAL COMMUNITY INSURANCE COMPANY

NAME: DEBORAH LARSON, COMPANY REPRESENTATIVE
ADDRESS: 3501 THURSTON AVE.,
ANOKA, MN 55303
TEL #: 763-323-2182 **FAX #:** 888-789-7247 **E-MAIL:** deb.larson@rcis.com

RYDER INTEGRATED LOGISTICS, INC.

NAME: DEBBIE BREISACHER, DIRECTOR, WORKERS' COMPENSATION
ADDRESS: P.O. BOX 2370,
ALPHARETTA, GA 30023
TEL #: 800-695-0359 **FAX #:** 770-446-8746 **E-MAIL:** dbreisac@ryder.com

NAME: GREG PITZ, CLAIM MANAGER
ADDRESS: P.O. BOX 2370
ALPHARETTA, GA 30023
TEL #: 800-695-0359 **FAX #:** 770-446-8746 **E-MAIL:** gpitz@ryder.com

RYDER SYSTEMS INC & SUBS

NAME: DEBBIE BREISACHER, DIRECTOR, WORKERS' COMPENSATION
ADDRESS: P.O. BOX 2370,
ALPHARETTA, GA 30023
TEL #: 800-695-0359 **FAX #:** 770-446-8746 **E-MAIL:** dbreisac@ryder.com

NAME: GREG PITZ, CLAIM MANAGER
ADDRESS: P.O. BOX 2370
ALPHARETTA, GA 30023
TEL #: 800-695-0359 **FAX #:** 770-446-8746 **E-MAIL:** gpitz@ryder.com

SAFECO INSURANCE COMPANY OF AMERICA

NAME: DEB GORNEY, CLAIMS ANALYST
ADDRESS: P.O. BOX 515097,
LOS ANGELES CA 90051-5097
TEL #: 720-497-9427 **FAX #:** 888-268-8840 **E-MAIL:** 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 **E-MAIL:** ERIBAR@safeco.com

SAFETY FIRST INSURANCE COMPANY

NAME: DAVID BISHOP, SENIOR CLAIMS ANALYST
ADDRESS: 1832 SCHUETZ ROAD,
ST. LOUIS MO 63146
TEL #: 314-995-5300 **FAX #:** 314-995-3897 **E-MAIL:** dave.bishop@sncc.com

NAME: TIM STANGER, WORKERS' COMPENSATION REGIONAL MANAGER
ADDRESS: 1832 SCHUETZ ROAD
ST. LOUIS MO 63146
TEL #: 314-995-5300 **FAX #:** 314-995-3897 **E-MAIL:** tim.stanger@sncc.com

SAFETY NATIONAL CASUALTY CORPORATION

NAME: DAVID BISHOP, SR. CLAMIS ANALYST
ADDRESS: 1832 SCHUETZ ROAD,
1832 SCHUETZ ROAD MO 63146-3540
TEL #: 314-995-5300 **FAX #:** 314-995-3897 **E-MAIL:** Dave.Bishop@sncc.com

NAME: TIM STANGER, REGIONAL MANAGER
ADDRESS: 1832 SCHUETZ ROAD
1832 SCHUETZ ROAD MO 63146-3540
TEL #: 314-995-5300 **FAX #:** 314-995-3897 **E-MAIL:** Tim.Stanger@sncc.com

SAN FRANCISCO REINSURANCE COMPANY

NAME: DENNIS MASON, MBA SCLA, CLAIM DIRECTOR
ADDRESS: 11475 GREAT OAKS WAY, SUITE 200,
ALPHARETTA, GA 30022
TEL #: 678-393-4006 **FAX #:** 888-389-7231 **E-MAIL:** dennis.mason@ffic.com

NAME: MARY C. PELSER, WC CLAIMS TECHNICAL DIRECTOR
ADDRESS: 500 N. AKARD STREET, LINCOLN PLAZA, SUITE 400
DALLAS, TX 75201
TEL #: 972-939-1713 **FAX #:** 888-311-7748 **E-MAIL:** mary.pelser@ffic.com

SCOR REINSURANCE COMPANY

NAME: DENNIS HELEWA, VICE PRESIDENT, CLAIMS
ADDRESS: 199 WATER STREET, SUITE 2100,
NEW YORK NY 10038
TEL #: 212-884-9675 **FAX #:** 212-363-3131 **E-MAIL:** 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 **E-MAIL:** rgerrity@scor.com

SEABRIGHT INSURANCE COMPANY

NAME: MATTHEW G STULL, CLAIMS MANAGER
ADDRESS: 150 N. RADNOR-CHESTER ROAD, SUITE E-110,
RADNOR PA 19087
TEL #: 484-588-2809 **FAX #:** 484-588-2870 **E-MAIL:** matt.stull@sbic.com

NAME: MATTHEW GONDER, SENIOR CLAIMS MANAGER
ADDRESS: 150 N. RADNOR-CHESTER ROAD
RADNOR PA 19087
TEL #: 484-588-2817 **FAX #:** 484-588-2870 **E-MAIL:** matt.gonder@sbic.com

SEARS, ROEBUCK & COMPANY

NAME: MATT BRUCE, WCCC-RISK MANAGEMENT
ADDRESS: 3333 BEVERLY ROAD, E3-221B,
HOFFMAN ESTATES, IL 60179
TEL #: 847-286-3970 **FAX #:** 847-286-2648 **E-MAIL:** mbruce4@searshc.com

NAME: PAM ALEXANDER, LEAD WCCC-RISK MANAGEMENT
ADDRESS: 3333 BEVERLY ROAD, E3-216B
HOFFMAN ESTATES, IL 60179
TEL #: 847-286-0861 **FAX #:** 847-286-2648 **E-MAIL:** palex11@searshc.com

SELECTIVE AUTO INSURANCE COMPANY OF NEW JERSEY

NAME: RANDY BAKER, WC CLAIMS MANAGER
ADDRESS: 40 WANTAGE AVENUE,
BRANCHVILLE, NJ 07890
TEL #: 609-890-2200 ext. 6548 **FAX #:** 609-631-0796 **E-MAIL:** randy.baker@selective.com

NAME: CHRIS HEALEY, WC CLAIMS SUPERVISOR
ADDRESS: 40 WANTAGE AVENUE
BRANCHVILLE, NJ 07890
TEL #: 609-890-2200 ext. 6237 **FAX #:** 609-631-0796 **E-MAIL:** chris.healey@selective.com

SELECTIVE INSURANCE COMPANY OF AMERICA

NAME: RANDY BAKER, CLAIMS MANAGER
ADDRESS: 40 WANTAGE AVENUE,
BRANCHVILLE NJ 07890
TEL #: 609-890-2200 ext. 6548 **FAX #:** 609-631-0796 **E-MAIL:** randy.baker@selective.com

NAME: CHRIS HEALEY, CLAIMS SUPERVISOR
ADDRESS: 30 WANTAGE AVENUE
BRANCHVILLE NJ 07890
TEL #: 609-890-2200 ext. 6237 **FAX #:** 609-631-0796 **E-MAIL:** chris.healey@selective.com

SELECTIVE INSURANCE COMPANY OF NEW YORK

NAME: RANDY BAKER, CLAIMS MANAGER
ADDRESS: 40 WANTAGE AVENUE,
BRANCHVILLE NJ 07890
TEL #: 609-890-220 ext. 6548 **FAX #:** 609-631-0796 **E-MAIL:** randy.baker@selective.com

NAME: CHRIS HEALEY, CLAIMS SUPERVISOR
ADDRESS: 40 WANTAGE AVENUE
BRANCHVILLE NJ 07890
TEL #: 609-890-2200 ext. 6237 **FAX #:** 609-631-0796 **E-MAIL:** chris.healey@selective.com

SELECTIVE INSURANCE COMPANY OF SOUTH CAROLINA

NAME: RANDY BAKER, CLAIMS MANAGER
ADDRESS: 40 WANTAGE AVENUE,
BRANCHVILLE NJ 07890
TEL #: 609-890-2200 ext. 6548 **FAX #:** 609-631-0796 **E-MAIL:** randy.baker@selective.com

NAME: CHRIS HEALEY, CLAIMS SUPRVISOR
ADDRESS: 40 WANTAGE AVENUE
BRANCHVILLE NJ 07890
TEL #: 609-890-2200 ext. 6237 **FAX #:** 609-631-0796 **E-MAIL:** chris.healey@selective.com

SELECTIVE INSURANCE COMPANY OF THE SOUTHEAST

NAME: RANDY BAKER, CLAIMS MANAGER
ADDRESS: 40 WANTAGE AVENUE,
BRANCHVILLE NJ 07890
TEL #: 609-890-2200 ext. 6548 **FAX #:** 609-631-0796 **E-MAIL:** randy.baker@selective.com

NAME: CHRIS HEALEY, CLAIMS SUPERVISOR
ADDRESS: 40 WANTAGE AVENUE
BRANCHVILLE NJ 07890
TEL #: 609-890-2200 ext. 6237 **FAX #:** 609-631-0796 **E-MAIL:** chris.healey@selective.com

SELECTIVE WAY INSURANCE COMPANY

NAME: RANDY BAKER, CLAIMS MANAGER
ADDRESS: 40 WANTAGE AVENUE,
BRANCHVILLE NJ 07890
TEL #: 609-890-2200 ext. 6548 **FAX #:** 609-631-0796 **E-MAIL:** randy.baker@selective.com

NAME: CHRIS HEALEY, CLAIMS SUPERVISOR
ADDRESS: 40 WANTAGE AVENUE
BRANCHVILLE NJ 07890
TEL #: 609-890-2200 ext. 6237 **FAX #:** 609-631-0796 **E-MAIL:** chris.healey@selective.com

SENTINEL INSURANCE COMPANY LTD

NAME: DESEREE KASZUBINSKI, CLERICAL SUPPORT UNIT LEADER
ADDRESS: P.O. BOX 14472,
LEXINGTON, KY 40512
TEL #: 315-385-5248 **FAX #:** 860-947-3912 **E-MAIL:** deseree.kaszubinski@thehartford.com

NAME: BARBARA VANELLI, INTERNAL OPERATIONS TEAM LEADER
ADDRESS: P.O. BOX 14472
LEXINGTON, KY 40512
TEL #: 315-385-6422 **FAX #:** 860-947-3809 **E-MAIL:** barbara.vanelli@thehartford.com

SENTRY CASUALTY COMPANY

NAME: STEVEN BURTON, CLAIM MANAGER
ADDRESS: 3 CARLISLE ROAD, BOX 584,
WESTFORD MA 01886
TEL #: 978-392-7042 **FAX #:** 978-392-7137 **E-MAIL:** steve.burton@sentry.com

NAME: DONNA KLASING, ASSOCIATE DIRECTOR
ADDRESS: 1421 STRONGS AVENUE, PO BOX 8032
STEVEN POINT WI 54481
TEL #: 715-346-9063 **FAX #:** 713-346-9708 **E-MAIL:** donna.klasing@sentry.com

SENTRY INSURANCE COMPANY A MUTUAL COMPANY

NAME: STEVE BURTON, CLAIM MANAGER
ADDRESS: 3 CARLISLE ROAD, PO BOX 584,
WESTFORD MA 01886
TEL #: 978-392-7042 **FAX #:** 978-392-7137 **E-MAIL:** None provided

NAME: DONNA KLASING, ASSOCIATE DIRECTOR
ADDRESS: 1421 STRONGS AVENUE, PO BOX 8032
STEVEN POINT WI 54481
TEL #: 715-346-9063 **FAX #:** 715-346-9708 **E-MAIL:** donna.klasing@sentry.com

SENTRY SELECT INSURANCE COMPANY

NAME: STEVE BURTON, CLAIM MANAGER
ADDRESS: 3 CARLISLE ROAD, PO BOX 584,
WESTFORD MA 01866
TEL #: 978-392-7042 **FAX #:** 978-392-7137 **E-MAIL:** steve.burton@sentry.com

NAME: DONNA KLASING, ASSOCIATE DIRECTOR
ADDRESS: 1421 STRONGS AVENUE, PO BOC 8032
STEVEN POINT WI 54481
TEL #: 715-346-9063 **FAX #:** 715-346-9708 **E-MAIL:** donna.klasing@sentry.com

SHERWIN-WILLIAMS AUTO FINISHES CORP.

NAME: ANTHONY1 J COLANGELO, MANAGER
ADDRESS: 101 PROSPECT AVENUE - NW,
CLEVELAND OH 44115
TEL #: 216-566-3095 **FAX #:** 216-566-1745 **E-MAIL:** ajcolangelo@sherwin.com

NAME: MATT FLYNN, SAFETY ANALYST
ADDRESS: 101 PROSPECT AVENUE - NW
CLEVELAND OH 44115
TEL #: 216-566-3095 **FAX #:** 216-566-1745 **E-MAIL:** matt.g.flynn@sherwin.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 **E-MAIL:** 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 **E-MAIL:** 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 **E-MAIL:** 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 **E-MAIL:** mikesal226@aol.com

SHOREWOOD PACKAGING CORPORATION

NAME: BILL WAINSCOTT, MANAGER - WORKERS' COMPENSTION
ADDRESS: 6400 POPLAR AVENUE,
MEMPHIS TN 38197
TEL #: 901-419-3913 **FAX #:** 901-419-3940 **E-MAIL:** william.waincott@ipaper.com

NAME: TOM RODRIGUEZ, WORKERS' COMPENSATION COORDINATOR
ADDRESS: 6400 POPLAR AVENUE
MEMPHIS TN 38197
TEL #: 901-419-3942 **FAX #:** 901-419-3940 **E-MAIL:** tom.rodriguez@ipaper.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 **E-MAIL:** 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 **E-MAIL:** 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 10281-1058
TEL #: 212-416-1336 **FAX #:** 212-416-1283 **E-MAIL:** 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 **E-MAIL:** sandra.barrett@choosebroadspire.com

SPARTA INSURANCE COMPANY

NAME: JOHN MINDEK, SVP, CLAIMS
ADDRESS: CITY PLACE II, 185 ASYLUM STREET,
HARTFORD, CT 06103
TEL #: 860-275-6506 **FAX #:** 860-275-6501 **E-MAIL:** jmindek@spartainsurance.com

NAME: SUSAN PUTTERMAN, EVP, CLAIMS
ADDRESS: CITY PLACE II, 185 ASYLUM STREET
HARTFORD, CT 06013
TEL #: 860-275-6507 **FAX #:** 860-275-6501 **E-MAIL:** sputterman@spartainsurance.com

ST. PAUL FIRE & MARINE INSURANCE COMPANY

NAME: MARGARET MUIR-O'CONNOR, WC CLAIM MANAGER
ADDRESS: 1000-1200 AMERICAN ROAD,
MORRIS PLAINS NJ 07950
TEL #: 973-401-3084 **FAX #:** 877-786-5568 **E-MAIL:** MMUIROCO@travelers.com

NAME: ANGELA BARBALACI, UNIT MANAGER
ADDRESS: 1200 AMERICAN ROAD
MORRIS PLAINS NJ 07950
TEL #: 973-401-3019 **FAX #:** 877-786-5568 **E-MAIL:** ABARBALA@travelers.com

ST. PAUL MEDICAL LIABILITY INSURANCE COMPANY

NAME: MARGARET MUIR-O'CONNOR, WC CLAIM MANAGER
ADDRESS: 1000-1200 AMERICAN ROAD,
MORRIS PLAINS NJ 07950
TEL #: 973-401-3084 **FAX #:** 877-786-5568 **E-MAIL:** MMUIROCO@travelers.com

NAME: ANGELA BARBALACI, UNIT MANAGER
ADDRESS: 1200 AMERICAN ROAD
MORRIS PLAINS NJ 07950
TEL #: 973-401-3019 **FAX #:** 877-786-5568 **E-MAIL:** ABARBALA@travelers.com

ST. PAUL MERCURY INSURANCE COMPANY

NAME: MARGARET MUIR-O'CONNOR, WC CLAIM MANAGER
ADDRESS: 1000-1200 AMERICAN ROAD,
MORRIS PLAINS NJ 07950
TEL #: 973-401-3084 **FAX #:** 877-786-5568 **E-MAIL:** MMUIROCO@travelers.com

NAME: ANGELA BARBALACI, UNIT MANAGER
ADDRESS: 1200 AMERICAN ROAD
MORRIS PLAINS NJ 07950
TEL #: 973-401-3019 **FAX #:** 877-786-5567 **E-MAIL:** ABARBALA@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 **E-MAIL:** 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 **E-MAIL:** jhunter@saintpetersuh.com

STANDARD FIRE INSURANCE COMPANY

NAME: ANGELA BARBALACI, CLAIM MANAGER
ADDRESS: 1200 AMERICAN ROAD,
MORRIS PLAINS NJ 07950
TEL #: 973-401-3019 **FAX #:** 877-786-5568 **E-MAIL:** ABARBALA@travelers.com

NAME: MAGGIE MUIR-O'CONNOR, ASSOCIATE MANAGER
ADDRESS: 1200 AMERICAN ROAD
MORRIS PLAINS NJ 07950
TEL #: 973-401-3084 **FAX #:** 877-786-5568 **E-MAIL:** MMUIROCO@travelers.com

STAR INSURANCE COMPANY

NAME: LINDA FEATHERNGILL, CLAIMS SUPERVISOR
ADDRESS: P.O. BOX 5086,
SOUTHFIELD MI 48086
TEL #: 248-204-8149 **FAX #:** 248-692-0432 **E-MAIL:** linda.featherngil@meadowbrook.com

NAME: RANDY LESTER, CLAIMS MANAGER
ADDRESS: P.O. BOX 5086
SOUTHFIELD MI 48086
TEL #: 248-204-8563 **FAX #:** 248-281-5370 **E-MAIL:** randy.lester@meadowbrook.com

STARNET INSURANCE COMPANY

NAME: LORI ZOBLER, DIRECTOR OF CLAIMS
ADDRESS: BERKLEynet UNDERWRITERS LLC, 2445 KUSER ROAD, SUITE 201,
HAMILTON NJ 08690
TEL #: 609-584-4563 **FAX #:** 866-921-7316 **E-MAIL:** LZobler@Berkleynet.com

NAME: JOHN BURKE, SR VP AND CHIEF CLAIMS OFFICER
ADDRESS: BERKLEynet UNDERWRITERS LLC, 12701 MARBLESTONE DRIVE, SUITE 250
WOODBIDGE VA 22192
TEL #: 703-586-6304 **FAX #:** 866-790-2220 **E-MAIL:** JBurke@Berleynet.com

STATE FARM FIRE & CASUALTY COMPANY

NAME: JENNIFER BUBENIK, CLAIM REPRESENTATIVE
ADDRESS: 300 KIMBALL DRIVE,
PARSIPPANY, NJ 07054
TEL #: 973-739-6406 **FAX #:** 973-739-6393 **E-MAIL:** jennifer.bubenik.gu2g@statefarm.com

NAME: DANA DOIG, CLAIM TEAM MANAGER
ADDRESS: 300 KIMBALL DRIVE
PARSIPPANY, NJ 07054
TEL #: 800-592-8411 **FAX #:** 973-739-6393 **E-MAIL:** dana.r.doig.greu@statefarm.com

STATE NATIONAL INSURANCE COMPANY INC

NAME: LINDA FEATHERNGILL, CLAIMS SUPERVISOR
ADDRESS: P.O. BOX 5086,
SOUTHFIELD MI 48086
TEL #: 248-204-8149 **FAX #:** 248-281-5370 **E-MAIL:** Linda.Featherngill@Meadowbrook.com

NAME: RANDY LESTER, CLAIMS MANAGER
ADDRESS: P.O. BOX
SOUTHFIELD MI 48086
TEL #: 248-204-8563 **FAX #:** 248-281-5370 **E-MAIL:** Randy.Lester@Meadowbrook.com

STRATHMORE INSURANCE COMPANY

NAME: JAMES M PRIMAMORE, MANAGER
ADDRESS: 377 SUMMERHILL ROAD, P.O. BOX 1064,
EAST BRUNSWICK NJ 08816
TEL #: 732-238-6300 ext. 284 **FAX #:** 732-238-0355 **E-MAIL:** jprimamore@gny.com

NAME: RICHARD ZWEIBEL, ASSISTANT MANAGER
ADDRESS: 377 SUMMERHILL ROAD, P.O. BOX 1064
EAST BRUNSWICK NJ 08816
TEL #: 732-238-6300 ext. 288 **FAX #:** 732-238-0355 **E-MAIL:** rzweibel@gny.com

SUA INSURANCE COMPANY

NAME: ELLY O'DONNELL, CLAIM MANAGER - WC
ADDRESS: 222 S. RIVERSIDE PLAZA, SUITE 1600,
CHICAGO, IL 60606
TEL #: 312-277-1658 **FAX #:** 312-277-1858 **E-MAIL:** eodonnell@suainsurance.com

NAME: KEVIN CLIFTON, WC CLAIM TECHNICAL MANAGER
ADDRESS: 222 S. RIVERSIDE PLAZA, SUITE 1600
CHICAGO, IL 60606
TEL #: 312-258-6803 **FAX #:** 312-258-7903 **E-MAIL:** kclifton@suainsurance.com

SUECIA INSURANCE COMPANY

NAME: JOSIANNE LEVEILLE, VICE PRESIDENT-MANAGER
ADDRESS: 25 SMITH STREET, SUITE 305,
NANUET NY 10954
TEL #: 845-624-7780 **FAX #:** 845-624-7765 **E-MAIL:** j.levaille@dobsoncompanies.com

SUNDOR BRANDS, INC.

NAME: DENISE MCCLANAHAN, SENIOR CLAIMS ADJUSTER
ADDRESS: 5299 SPRING GROVE AVENUE,
CINCINNATI, OH 45217
TEL #: 800-235-1134 ext. 2 **FAX #:** 513-627-5314 **E-MAIL:** denise.mcclanahan@c-na.com

NAME: CARRIE BOWLING, ADMINISTRATOR
ADDRESS: 5299 SPRING GROVE AVENUE
CINCINNATI, OH 45217
TEL #: 513-627-7571 **FAX #:** 866-554-0470 **E-MAIL:** bowling.ca@pg.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 **E-MAIL:** steven.cannon@REMLTD.com

NAME: STEPANIE JAMES, CLAIM SUPERVISORQ
ADDRESS: 2540 ROUTE 130
CRANBURY NJ 08512
TEL #: 570-420-8247 **FAX #:** 570-420-3248 **E-MAIL:** stephanie.james@REMLTD.com

TARGET CORPORATION

NAME: RAJ SEWKUMAR, SUPERVISOR
ADDRESS: 3 HUNTINGTON QUAD, SOUTH WING,
MELVILLE NY 11747
TEL #: 631-454-2646 **FAX #:** 631-454-2708 **E-MAIL:** rajendra.sewkumar@sedgwick.com

NAME: DORA WIGGS, EXAMINER II
ADDRESS: 3 HUNTINGTON QUAD, SOUTH WING
MELVILLE NY 11747
TEL #: 631-454-2690 **FAX #:** 631-454-2708 **E-MAIL:** dorotea.wiggs@sedgwick.com

TIG INSURANCE COMPANY

NAME: LUCI PALAZZOLO, MANAGER, STATUTORY ACCOUNTING
ADDRESS: RIVERSTONE RESOURCES, LLC, 250 COMMERCIAL STREET, SUITE 5000,
MANCHESTER, NH 03101
TEL #: 603-656-7230 **FAX #:** 603-656-7523 **E-MAIL:** luci_palazzolo@trg.com

NAME: MOSFEK TALUKDER, REGULATORY ANALYST
ADDRESS: RIVERSTONE RESOURCES, LLC, 250 COMMERCIAL STREET, SUITE 5000
MANCHESTER, NH 03101
TEL #: 603-656-2208 **FAX #:** 603-656-7523 **E-MAIL:** mosfek_talukder@trg.com

TIG PREMIER INSURANCE CO.

NAME: LUCI PALAZZOLO, MANAGER, STATUTORY ACCOUNTING
ADDRESS: RIVERSTONE RESOURCES, LLC, 250 COMMERCIAL STREET, SUITE 5000,
MANCHESTER, NH 03101
TEL #: 603-656-2306 **FAX #:** 603-656-7523 **E-MAIL:** luci_palazzolo@trg.com

NAME: MOSFEK TALUKDER, REGULATORY ANALYST
ADDRESS: RIVERSTONE RESOURCES, LLC, 250 COMMERCIAL STREET, SUITE 5000
MANCHESTER, NH 03101
TEL #: 603-656-2208 **FAX #:** 603-656-7523 **E-MAIL:** mosfek_talukder@trg.com

TM CASUALTY INSURANCE COMPANY

NAME: TODD ALENA, MANAGER - WC CLAIMS
ADDRESS: 230 PARK AVENUE,
NEW YORK, NY 10169
TEL #: 212-297-6751 **FAX #:** 212-297-6751 **E-MAIL:** todd.alena@tokiom.com

NAME: RICHARD JONES, CLAIMS SUPERVISOR
ADDRESS: 1 N. LEXINGTON AVENUE, SUITE 502
WHITE PLAINS, NY 10601
TEL #: 914-461-1801 **FAX #:** 914-461-1850 **E-MAIL:** richard.jones@tokiom.com

TNUS INSURANCE COMPANY

NAME: TODD ALENA, MANAGER - WC CLAIMS
ADDRESS: 230 PARK AVENUE,
NEW YORK, NY 10169
TEL #: 212-297-6751 **FAX #:** 212-297-6751 **E-MAIL:** todd.alena@tokiom.com

NAME: RICHARD JONES, CLAIMS SUPERVISOR
ADDRESS: 1 N. LEXINGTON AVENUE, SUITE 502
WHITE PLAINS, NY 10601
TEL #: 914-461-1801 **FAX #:** 914-461-1850 **E-MAIL:** richard.jones@tokiom.com

TOKIO MARINE & NICHIDO FIRE INSURANCE COMPANY

NAME: TODD ALENA, MANAGER - WC CLAIMS
ADDRESS: 230 PARK AVENUE,
NEW YORK, NY 10169
TEL #: 212-297-6751 **FAX #:** 212-297-6751 **E-MAIL:** todd.alena@tokiom.com

NAME: RICHARD JONES, CLAIMS SUPERVISOR
ADDRESS: 1 N. LEXINGTON AVENUE, SUITE 502
WHITE PLAINS, NY 10601
TEL #: 914-461-1801 **FAX #:** 914-461-1850 **E-MAIL:** richard.jones@tokiom.com

TOWER INSURANCE COMPANY OF NEW YORK

NAME: LAURA DANIELS, WC SUPERVISOR
ADDRESS: 225 BROADHOLLOW ROAD, SUITE 410E,
MELVILLE, NY 11747
TEL #: 631-465-1429 **FAX #:** 631-465-1425 **E-MAIL:** ldaniels@twrgrp.com

NAME: DEBORAH KREMER, WC SUPERVISOR
ADDRESS: 225 BROADHOLLOW ROAD, SUITE 410E
MELVILLE, NY 11747
TEL #: 631-465-1443 **FAX #:** 631-465-1425 **E-MAIL:** dkremer@twrgrp.com

TOWER NATIONAL INSURANCE COMPANY

NAME: LAURA DANIELS, WC SUPERVISOR
ADDRESS: 225 BROADHOLLOW ROAD, SUITE 410E,
MELVILLE, NY 11747
TEL #: 631-465-1429 **FAX #:** 631-465-1425 **E-MAIL:** ldaniels@twrgrp.com

NAME: DEBORAH KEEMER, WC SUPERVISOR
ADDRESS: 225 BROADHOLLOW ROAD, SUITE 410E
MELVILLE, NY 11747
TEL #: 631-465-1443 **FAX #:** 631-465-1425 **E-MAIL:** dkeemer@twrgrp.com

TOYS "R" US NJ, INC.

NAME: ELIZABETH NOVEDOMSKY, MANAGER, RISK MANAGEMENT
ADDRESS: ONE GEOFFREY WAY,
WAYNE, NJ 07470
TEL #: 973-617-3286 **FAX #:** 973-617-3070 **E-MAIL:** elizabeth.nevedomsky@toysRus.com

TRANS PACIFIC INSURANCE COMPANY

NAME: TODD ALENA, MANAGER - WC CLAIMS
ADDRESS: 230 PARK AVENUE,
NEW YORK, NY 10169
TEL #: 212-297-6751 **FAX #:** 212-297-6751 **E-MAIL:** todd.alena@tokiom.com

NAME: RICHARD JONES, CLAIMS SUPERVISOR
ADDRESS: 1 N. LEXINGTON AVENUE, SUITE 502
WHITE PLAINS, NY 10601
TEL #: 914-461-1801 **FAX #:** 914-461-1850 **E-MAIL:** richard.jones@tokiom.com

TRANSATLANTIC REINSURANCE COMPANY

NAME: GARY SCHWARTZ, SR VP, GENERAL COUNSEL
ADDRESS: 80 PINE STREET,
NEW YORK, NY 10005
TEL #: 212-770-2050 **FAX #:** 212-248-0965 **E-MAIL:** gschwartz@transre.com

NAME: STEVEN SKALICKY, EXECUTIVE VP, CFO
ADDRESS: 80 PINE STREET
NEW YORK, NY 10005
TEL #: 212-770-2040 **FAX #:** 212-785-7347 **E-MAIL:** sskalicky@transre.com

TRANSCONTINENTAL INSURANCE COMPANY

NAME: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
ADDRESS: 333 WABASH AVENUE 38-S,
CHICAGO IL 60604
TEL #: 312-822-4751 **FAX #:** 312-260-6320 **E-MAIL:** elizabeth.sieks@cna.com

NAME: KATHLEEN PAGNANO, VICE PRESIDENT WORKERS' COMPENSATION
ADDRESS: 333 WABASH AVENUE 38-C
CHICAGO IL 60604
TEL #: 312-822-6869 **FAX #:** 312-894-2670 **E-MAIL:** kathlleen.pagnano@cna.com

TRANSGUARD INSURANCE COMPANY OF AMERICA INC

NAME: CHRISTY SKALLAS, CLAIMS MANAGER
ADDRESS: 215 SHUMAN BLVD., SUITE 400,
NAPERVILLE IL 60563
TEL #: 630-864-3450 **FAX #:** 630-864-3583 **E-MAIL:** christy.skallas@transguard.com

NAME: DANIEL BELL, CLAIMS SUPERVISOR
ADDRESS: 215 SHUMAN BLVD., SUITE 400
NAPERVILLE IL 60563
TEL #: 630-864-3461 **FAX #:** 630-864-3583 **E-MAIL:** dan.bell@transguard.com

TRANSPORT INSURANCE COMPANY

NAME: JOHN FISCHER, ASST. TREASURER
ADDRESS: 2 CENTRAL SQUARE,
CAMBRIDGE. MA 02139
TEL #: 617-234-3801 **FAX #:** 617-234-3899 **E-MAIL:** 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 **E-MAIL:** frank.gerace@cavellamerica.com

TRANSPORTATION INSURANCE COMPANY

NAME: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
ADDRESS: 333 S. WABASH AVE., 38S,
CHICAGO, IL 60604
TEL #: 312-822-4751 **FAX #:** 312-260-6320 **E-MAIL:** elizabeth.sieks@cna.com

NAME: KATHLEEN PAGNANO, VICE PRESIDENT - WC
ADDRESS: 333 S. WABASH AVE., 38S
CHICAGO, IL 60604
TEL #: 312-822-6869 **FAX #:** 312-894-2670 **E-MAIL:** kathleen.pagnano@cna.com

TRAVELERS INDEMNITY COMPANY OF AMERICA

NAME: MARGARET MUIR-O'CONNOR, WC CLAIM MANAGER
ADDRESS: 1000-1200 AMERICAN ROAD,
MORRIS PLAINS, NJ 07950
TEL #: 973-401-3084 **FAX #:** 877-786-5568 **E-MAIL:** MMUIROCO@travelers.com

NAME: ANGELA BARBALACI, UNIT MANAGER
ADDRESS: 1200 AMERICAN ROAD
MORRIS PLAINS, NJ 07950
TEL #: 973-401-3019 **FAX #:** 877-786-5568 **E-MAIL:** ABARBALA@travelers.com

TRAVELERS INSURANCE COMPANY

NAME: ANGELA BARBALACI, WC MANAGER
ADDRESS: 1200 AMERICAN ROAD,
MORRIS PLAINS, NJ 07950
TEL #: 973-401-3019 **FAX #:** 877-786-5568 **E-MAIL:** Angela.Barbalaci@Travelers.com

NAME: MAGGIE MUIR-O'CONNOR, ASSOCIATE WC MANAGER
ADDRESS: 1200 AMERICAN ROAD
MORRIS PLAINS, NJ 07950
TEL #: 973-401-3084 **FAX #:** 877-786-5568 **E-MAIL:** Margaret,
Muiroconnor@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 **E-MAIL:** jbianc@dioceseoftrenton.org

NAME: ANGELINA CANNADY, ADMINISTRATIVE ASSISTANT
ADDRESS: 701 LAWRENCEVILLE ROAD
TRENTON, NJ 08638
TEL #: 609-406-7400 **FAX #:** 609-406-7450 **E-MAIL:** acanna@dioceseoftrenton.org

TRUCK INSURANCE EXCHANGE

NAME: MIKE MCCABE, WC CLAIMS TEAM LEADER
ADDRESS: P.O. BOX 190,
NORTH AURORA, IL 60542
TEL #: 630-907-4335 **FAX #:** 630-907-2425 **E-MAIL:** michael.mccabe@farmersinsurance.com

NAME: TONI HUTCHISON, FUNCTIONAL CENTER OF EXCELLENCE MANAGER
ADDRESS: P.O. BOX 190
NORTH AURORA, IL 60542
TEL #: 630-907-4332 **FAX #:** 630-907-2428 **E-MAIL:** toni.hutchison@farmersinsurance.com

TRUMBULL INSURANCE COMPANY

NAME: DESEREE KASZUBINSKI, CLERICAL SUPPORT UNIT LEADER
ADDRESS: P.O. BOX 14472,
LEXINGTON, KY 40512
TEL #: 315-385-5248 **FAX #:** 860-947-3912 **E-MAIL:** deseree.kaszubinski@thehartford.com

NAME: BARBARA VANELLI, INTERNAL OPERATIONS TEAM LEADER
ADDRESS: P.O. BOX 14472
LEXINGTON, KY 40512
TEL #: 315-385-6422 **FAX #:** 860-947-3809 **E-MAIL:** barbara.vanelli@thehartford.com

TWIN CITY FIRE INSURANCE COMPANY

NAME: DESEREE KASZUBINSKI, CLERICAL SUPPORT UNIT LEADER
ADDRESS: P.O. BOX 14472,
LEXINGTON, KY 40512
TEL #: 315-385-5248 **FAX #:** 860-947-3912 **E-MAIL:** deseree.kaszubinski@thehartford.com

NAME: BARBARA VANELLI, INTERNAL OPERATIONS TEAM LEADER
ADDRESS: P.O. BOX 14472
LEXINGTON, KY 40512
TEL #: 315-385-6422 **FAX #:** 860-947-3809 **E-MAIL:** barbara.vanelli@thehartford.com

U.S. FIDELITY & GUARANTY COMPANY

NAME: JACI WASTA, CUSTOMER SERVICE REPRESENTATIVE
ADDRESS: 5 BATTERSON PARK,
FARMINGTON, CT 06032
TEL #: 866-657-2827 **FAX #:** 860-677-4352 **E-MAIL:** jwasta@discover-re.com

NAME: SUE SHEA, LOSS DATA ANALYST
ADDRESS: 5 BATTERSON PARK
FARMINGTON, CT 06032
TEL #: 866-657-2827 **FAX #:** 860-677-4352 **E-MAIL:** sshea@discover-re.com

U.S. FIRE INSURANCE COMPANY

NAME: ARLENE LYONS, WC MANAGER
ADDRESS: 305 MADISON AVENUE,
MORRISTOWN, NJ 07962
TEL #: 973-490-6016 **FAX #:** 877-622-6197 **E-MAIL:** Arlene_Lyons@cfins.com

NAME: MELISSA KOVACSY, ASST. VP
ADDRESS: 305 MADISON AVENUE
MORRISTOWN, NJ 07962
TEL #: 973-490-6690 **FAX #:** 877-622-6197 **E-MAIL:** Melissa_Kovacsy@cfins.com

U.S. PIPE & FOUNDRY COMPANY

NAME: MARY JUSTICE, CLAIMS SUPERVISOR
ADDRESS: SEDGWICK CMS, 1117 PERIMETER CENTER WEST, SUITE E-500
ATLANTA, GA 30338
TEL #: 770-901-3172 **FAX #:** 770-901-3015 **E-MAIL:** mary.justice@sedgwickcms.com

NAME: ELAINE HODGES, SR. CLAIMS ADMINISTRATOR
ADDRESS: P.O. BOX 10406
BIRMINGHAM, AL 35202
TEL #: 205-254-7112 **FAX #:** 205-254-7497 **E-MAIL:** None provided

U.S. SPECIALTY INSURANCE COMPANY

NAME: CHARLES MCDANIEL, AVP
ADDRESS: 13403 NORTHWEST FREEWAY,
HOUSTON, TX 77040
TEL #: 713-996-1115 **FAX #:** 713-744-3727 **E-MAIL:** None provided

UNION INSURANCE COMPANY

NAME: JEAN SHAW, REGIONAL CLAIM MANAGER
ADDRESS: BERKLEY MID-ATLANTIC GROUP, 4820 LAKE BROOK DRIVE, SUITE 300,
GLEN ALLEN, VA 23060
TEL #: 800-283-1153 ext. 3359 **FAX #:** 877-684-5484 **E-MAIL:** jshaw@wrbmag.com

NAME: SUSAN HILL, WC CLAIM MANAGER
ADDRESS: BERKLEY MID-ATLANTIC GROUP, 4820 LAKE BROOK DRIVE, SUITE 300
GLEN ALLEN, VA 23060
TEL #: 800-283-1153 ext. 5051 **FAX #:** 877-684-5484 **E-MAIL:** shill@wrbmag.com

UNITED NATIONAL CASUALTY INSURANCE COMPANY

NAME: FRANK PERPIGLIA, VICE PRESIDENT, WORKERS' COMPENSATION CLAIMS
ADDRESS: THREE BALA PLAZA EAST, SUITE 300,
BALA CYNWYD, PA 19004
TEL #: 610-668-3279 **FAX #:** 866-603-7203 **E-MAIL:** fperpiglia@compglobal.com

NAME: MARGARET MCMANUS, MANAGER, CLAIMS OPERATIONS
ADDRESS: THREE BALA PLAZA EAST, SUITE 300
BALA CYNWYD, PA 19004
TEL #: 610-660-6872 **FAX #:** 610-660-8885 **E-MAIL:** mmcmanus@uai-group.com

UNITED NATIONAL SPECIALTY INSURANCE COMPANY

NAME: FRANK PERPIGLIA, VICE PRESIDENT, WORKERS' COMPENSATION CLAIMS
ADDRESS: THREE BALA PLAZA EAST, SUITE 300,
BALA CYNWYD, PA 19004
TEL #: 610-668-3279 **FAX #:** 866-603-7203 **E-MAIL:** fperpiglia@compglobal.com

NAME: MARGARET MCMANUS, MANAGER, CLAIMS OPERATIONS
ADDRESS: THREE BALA PLAZA EAST, SUITE 300
BALA CYNWYD, PA 19004
TEL #: 610-660-6872 **FAX #:** 610-660-8885 **E-MAIL:** mmcmanus@uai-group.com

UNITED 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 **E-MAIL:** Paul.Sokol@Unitedwater.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 **E-MAIL:** pgillson@wkemper.com

NAME: ROSE PARNELL, TECHNICAL CLAIM MANAGER
ADDRESS: 5784 WIDEWATERS PARKWAY
DEWITT, NY 13214
TEL #: 315-449-8922 **FAX #:** 315-449-5770 **E-MAIL:** 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 **E-MAIL:** pgillson@ekemper.com

NAME: ROSE PARNELL, TECHNICAL CLAIM MANAGER
ADDRESS: 5784 WIDEWATERS PARKWAY
DEWITT, NY 13214
TEL #: 315-449-8922 **FAX #:** 315-449-5770 **E-MAIL:** rparnell@ekemper.com

UNIVERSAL UNDERWRITERS INSURANCE COMPANY

NAME: MARIO BRACUTI, ASST. VICE PRESIDENT
ADDRESS: 300 INTERPACE PARKWAY, MORRIS CORPORATE 1,
PARSIPPANY, NJ 07054
TEL #: 973-394-5205 **FAX #:** 973-394-5262 **E-MAIL:** Mario.Bracuti@zurichna.com

NAME: BRIAN DOOLEY, TEAM MANAGER
ADDRESS: 300 INTERPACE PARKWAY, MORRIS CORPORATE 1
PARSIPPANY, NJ 07054
TEL #: 973-394-5281 **FAX #:** 973-394-5262 **E-MAIL:** Brian.Dooley@zurichna.com

UTICA MUTUAL INSURANCE COMPANY

NAME: SHARRON SOCHON, WC SUPERVISOR
ADDRESS: 50 MILLSTONE ROAD, BLDG. 200, SUITE 240,
EAST WINDSOR, NJ 08520
TEL #: 609-308-4506 **FAX #:** 609-308-4599 **E-MAIL:** sharron.sochon@uticanational.com

NAME: JOSEPH SMITH, DISTRICT CLAIMS MANAGER
ADDRESS: 50 MILLSTONE ROAD, BLDG. 200, SUITE 240
EAST WINDSOR, NJ 08520
TEL #: 609-308-4505 **FAX #:** 609-308-4599 **E-MAIL:** joseph.smith@uticanational.com

UTILITIES MUTUAL INSURANCE COMPANY

NAME: MARILEE KEANE, VP CLAIMS
ADDRESS: 1717 ARCH STREET,
PHILADELPHIA, PA 19103
TEL #: 215-988-7125 **FAX #:** -- **E-MAIL:** mjkeane@gumc.com

NAME: ALEXIS ARCHIBALS, CLAIMS ADJUSTOR
ADDRESS: P.O. BOX H
WHIPPANY, NJ 07891
TEL #: 973-515-6420 **FAX #:** 973-781-0530 **E-MAIL:** alexis.archibald@us.xchanging.com

VALLEY FORGE INSURANCE COMPANY

NAME: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
ADDRESS: 333 S. WABASH AVE., 38S,
CHICAGO, IL 60604
TEL #: 312-822-4751 **FAX #:** 312-260-6320 **E-MAIL:** elizabeth.sieks@cna.com

NAME: KATHLEEN PAGNANO, VICE PRESIDENT - WC
ADDRESS: 333 S. WABASH AVE., 38S
CHICAGO, IL 60604
TEL #: 312-822-6869 **FAX #:** 312-894-2670 **E-MAIL:** kathleen.pagnano@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 **E-MAIL:** 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 **E-MAIL:** mkarran@valleyhealth.com

VICTORIA'S SECRET STORES, INC.

NAME: INNAH DULAY, CASE MANAGEMENT CONSULTANT
ADDRESS: 4 LIMITED PARKWAY,
REYNOLDSBURG, OH 43068
TEL #: 614-577-6936 **FAX #:** 614-577-3959 **E-MAIL:** idulay@limitedbrands.com

NAME: SUSAN MANOS, SUPERVISOR CASE MANAGEMENT
ADDRESS: 4 LIMITED PARKWAY
REYNOLDSBURG, OH 43068
TEL #: 614-577-6936 **FAX #:** 614-577-3306 **E-MAIL:** smanos@limitedbrands.com

VIRTUA HEALTH, INC. & SUBS.

NAME: LISA GRAIFF, WC SUPERVISOR
ADDRESS: SCIBAL ASSOCIATES, INC., P.O. BOX 500,
SOMERS POINT, NJ 08244-0500
TEL #: 609-653-8400 **FAX #:** 609-926-9270 **E-MAIL:** lgraiff@scibal.com

NAME: JOSEPH M HARVEY, SR. VP PUBLIC RISKS
ADDRESS: SCIBAL ASSOCIATES, INC., P.O. BOX 500
SOMERS POINT, NJ 08244-0500
TEL #: 609-653-8400 **FAX #:** 609-926-9270 **E-MAIL:** jharvey@scibal.com

WEGMANS FOOD MARKETS, INC.

NAME: DONATO MASTROBERARDINO, WC CLAIM SPECIALIST
ADDRESS: 1500 BROOKS AVENUE, P.O. BOX 30844,
ROCHESTER, NY 14603
TEL #: 585-429-3283 **FAX #:** 585-429-3312 **E-MAIL:** donato.mastroberardino@wegmans.com

NAME: CATHY L DAVIES, WC CLAIM REPRESENTATIVE
ADDRESS: 1500 BROOKS AVENUE, P.O. BOX 30844
ROCHESTER, NY 14603
TEL #: 585-429-3276 **FAX #:** 585-429-3312 **E-MAIL:** cathy.davies@wegmans.com

WESCO INSURANCE COMPANY

NAME: KIMBERLY KOWALSKI, WORKERS' COMPENSATION CLAIMS MANAGER
ADDRESS: AMTRUST NORTH AMERICA, 300 ALEXANDER PARK, SUITE 300
PRINCETON, NJ 08540
TEL #: 609-936-3001 **FAX #:** 609-919-9751 **E-MAIL:** kkowalski@amtrustgroup.com

NAME: JACQUELINE LYNCH, WORKERS' COMPENSATION CLAIMS SUPERVISOR
ADDRESS: AMTRUST NORTH AMERICA, 300 ALEXANDER PARKSUITE 300
PRINCETON, NJ 08540
TEL #: 609-936-3003 **FAX #:** 609-919-9751 **E-MAIL:** jacqueline.lynch@amtrustgroup.com

WEST AMERICAN INSURANCE COMPANY

NAME: TODD GANCARZ, UNIT LEADER
ADDRESS: 5062 BRITTONFIELD PARKWAY E.,
SYRACUSE, NY 13057
TEL #: 315-431-6131 **FAX #:** 800-526-0681 **E-MAIL:** 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 **E-MAIL:** karen.peinkofer@peerless-ins.com

WESTCHESTER FIRE INSURANCE COMPANY

NAME: PAM LLEWELLYN, AVP - WC
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4E,
WILMINGTON, DE 19803
TEL #: 302-476-7255 **FAX #:** 302-476-7858 **E-MAIL:** pamelallewellyn@ace-ina.com

NAME: GUS GONNELLA, AVP - WC
ADDRESS: ONE BEAVER VALLEY ROAD, SUITE 4E
WILMINGTON, DE 19803
TEL #: 302-476-7822 **FAX #:** 302-476-7858 **E-MAIL:** gus.gonnella@ace-ina.com

WESTPORT INSURANCE CORPORATION

NAME: EARL CARTWRIGHT, CLAIMS SPECIALIST
ADDRESS: 5200 METCALF AVENUE,
OVERLAND PARK, KS 66201
TEL #: 913-676-5305 **FAX #:** 913-676-5658 **E-MAIL:** Earl_Cartwright@swissre.com

NAME: MARILYN WRIGHT, CLAIMS MANAGER
ADDRESS: 5200 METCALF AVENUE
OVERLAND PARK, KS 66201
TEL #: 913-676-3015 **FAX #:** 913-676-5658 **E-MAIL:** Marilyn_Wright@swissre.com

WEYERHAEUSER COMPANY

NAME: SHARON BRINSON, WC MANAGER - EASTERN REGION
ADDRESS: WEYERHAEUSER, P.O. BOX 688,
NEW BERN, NC 28560
TEL #: 252-634-3225 **FAX #:** 252-636-0391 **E-MAIL:** sharon.brinson@weyerhaeuser.com

NAME: DAWN YEAGER, WC DIRECTOR
ADDRESS: WEYERHAEUSER, P.O. BOX 9777
FEDERAL WAY, WA 98001
TEL #: 253-924-7641 **FAX #:** 253-924-4440 **E-MAIL:** dawn.yeager@weyerhaeuser.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 **E-MAIL:** 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 **E-MAIL:** seligab@whitecastle.com

WORK FIRST CASUALTY COMPANY

NAME: STEPHANIE LONG, COMPLIANCE OFFICER AND ASST. SECRETARY
ADDRESS: 3411 SILVERSIDE ROAD, BAYNARD BLDG., SUITE 101,
WILMINGTON, DE 19810
TEL #: 302-477-1710 ext. 100 **FAX #:** 302-477-1753 **E-MAIL:** slong@workfirstcasualty.com

NAME: DEBBIE NOWAK, NATIONAL CLAIMS MANAGER
ADDRESS: 3411 SILVERSIDE ROAD, BAYNARD BLDG., SUITE 101
WILMINGTON, DE 19810
TEL #: 541-882-1090 **FAX #:** 541-273-6496 **E-MAIL:** dnowak@workfirstcasualty.com

XL INSURANCE AMERICA, INC.

NAME: LYNN MUNSON, ASST VP - CLAIMS REGULATORY & COMPLIANCE

ADDRESS: 20 N. MARTINGALE ROAD, SUITE 200,
SCHAUMBURG, IL 60173

TEL #: 847-517-2363 **FAX #:** 847-517-2314 **E-MAIL:** lynn.munson@xlgroup.com

NAME: BRYAN SANDERS, ASST. VP - PRIMARY CASUALTY & PROGRAM CLAIMS

ADDRESS: 505 EAGLEVIEW BLVD.
EXTON, PA 19341

TEL #: 610-968-2925 **FAX #:** -- **E-MAIL:** bryan.sanders@xlgroup.com

XL INSURANCE COMPANY OF NEW YORK, INC.

NAME: LYNN MUNSON, ASST. VP - CLAIMS REGULATORY & COMPLIANCE

ADDRESS: 20 N. MARTINGALE ROAD, SUITE 200,
SCHAUMBURG, IL 60173

TEL #: 847-517-2363 **FAX #:** 847-517-2314 **E-MAIL:** lynn.munson@xlgroup.com

NAME: BRYAN SANDERS, ASST VP - PRIMARY CASUALTY & PROGRAM CLAIMS

ADDRESS: 505 EAGLEVIEW BLVD.
EXTON, PA 19341

TEL #: 610-968-2925 **FAX #:** -- **E-MAIL:** Bryan.Sanders@xlgroup.com

XL REINSURANCE AMERICA INC

NAME: LYNN MUNSON, ASST. VP - CLAIMS REGULATORY & COMPLIANCE

ADDRESS: 20 N. MARTINGALE ROAD, SUITE 200,
SCHAUMBURG, IL 60173

TEL #: 847-517-2363 **FAX #:** 847-517-2314 **E-MAIL:** lynn.munson@xlgroup.com

NAME: BRYAN SANDERS, ASST. VP - PRIMARY CASUALTY & PROGRAM CLAIMS

ADDRESS: 505 EAGLEVIEW BLVD.
EXTON, PA 19341

TEL #: 610-968-2925 **FAX #:** -- **E-MAIL:** Bryan.Sanders@xlgroup.com

XL SPECIALTY INSURANCE COMPANY

NAME: LYNN MUNSON

ADDRESS: ASST VP - CLAIMS REGULATORY & COMPLIANCE, 20 N. MARTINGALE ROAD, SUITE 200,
SCHAUMBURG, IL 60173

TEL #: 847-517-2363 **FAX #:** 847-517-2314 **E-MAIL:** lynn.munson@xlgroup.com

NAME: BRYAN SANDERS, ASST VP - PRIMARY CASUALTY & PROGRAM CLAIMS

ADDRESS: 505 EAGLEVIEW BLVD.
EXTON, PA 19341

TEL #: 610-968-2925 **FAX #:** -- **E-MAIL:** Bryan.Sanders@xlgroup.com

ZENITH INSURANCE COMPANY

NAME: PATRICK FREDELLA, ASST. VICE PRESIDENT

ADDRESS: TWO VALLEY SQUARE, SUITE 301,
BLUE BELL, PA 19422

TEL #: 215-591-2910 **FAX #:** 215-591-6910 **E-MAIL:** pfredella@thezenith.com

NAME: ROBERT SANDOW, SR. CLAIM EXAMINER

ADDRESS: TWO VALLEY SQUARE, SUITE 301
BLUE BELL, PA 19422

TEL #: 215-591-2914

FAX #: 215-591-6914

E-MAIL: rsandow@thezenith.com

ZURICH AMERICAN INSURANCE COMPANY

NAME: MARIO BRACUTI, ASST. VICE PRESIDENT

ADDRESS: 300 INTERPACE PARKWAY, MORRIS CORPORATE 1,
PARSIPPANY, NJ 07054

TEL #: 973-394-5205

FAX #: 973-394-5262

E-MAIL: mario.bracuti@zurichna.com

NAME: BRIAN DOOLEY, TEAM MANAGER

ADDRESS: 300 INTERPACE PARKWAY, MORRIS CORPORATE 1
PARSIPPANY, NJ 07054

TEL #: 973-394-5281

FAX #: 973-394-5262

E-MAIL: brian.dooley@zurichna.com