



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

INSURANCE CARRIER/SELF-INSURER LIST OF DESIGNATED CONTACTS

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

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

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

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

Joanne Gannon (Joanne.Gannon@dol.nj.gov) tel: 609-292-2414, fax: 609-984-2515.

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

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

Thank you.

Last revised: 2/17/17

ABF FREIGHT SYSTEM, INC.

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

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

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

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

ACADIA INSURANCE COMPANY

Name: 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
Email: 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
Email: shill@wrbmag.com

ACCIDENT FUND GENERAL INSURANCE COMPANY

Name: JEAN KLUISZA, CORPORATE CLAIMS CONSULTANT
Address: 200 N. GRAND AVENUE
LANSING, MI 48933

Tel: 517 708 5268
Fax:
Email: jean.kluisza@accidentfund.com

Name: KAREN HOLTZ, CORPORATE CLAIMS CONSULTANT
Address: 200 N. GRAND AVENUE
LANSING, MI 48933

Tel: 517 708 5207
Fax: 517 367 7205
Email: karen.holtz@accidentfund.com

ACCIDENT FUND INSURANCE COMPANY OF AMERICA

Name: JEAN KLUISZA, CORPORATE CLAIMS CONSULTANT
Address: 200 N. GRAND AVENUE
LANSING, MI 48933

Tel: 517 708 5268
Fax:
Email: jean.kluisza@accidentfund.com

Name: KAREN HOLTZ, CORPORATE CLAIMS CONSULTANT
Address: 200 N. GRAND AVENUE
LANSING, MI 48933

Tel: 517 708 5207
Fax: 517 367 7505
Email: karen.holtz@accidentfund.com

ACCIDENT FUND NATIONAL INSURANCE COMPANY

Name: JEAN KLUISZA, CORPORATE CLAIMS CONSULTANT
Address: 200 N. GRAND AVENUE
LANSING, MI 48933

Tel: 517 708 5268
Fax:
Email: jean.kluisza@accidentfund.com

Name: KAREN HOLTZ, CORPORATE CLAIMS CONSULTANT
Address: 200 N. GRAND AVENUE
LANSING, MI 48933

Tel: 517 708 5207
Fax: 517 367 7205
Email: karen.holtz@accidentfund.com

ACE AMERICAN INSURANCE COMPANY

Name: TOM EASON, AVP WORKERS' COMPENSATION
Address: ONE BEAVER VALLEY ROAD
WILMINGTON DE 19803

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

Name: DAVID KROLL, AVP WORKERS' COMPENSATION
Address: 9200 OAKDALE AVE., 8TH FLOOR
CHATSWORTH, CA 91311

Tel: 818 428 3753
Fax: 818 428 2588
Email: david.kroll@acegroup.com

ACE FIRE UNDERWRITERS INSURANCE COMPANY

Name: TOM EASON, AVP WORKERS' COMPENSATION
Address: ONE BEAVER VALLEY ROAD
WILMINGTON DE 19803

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

Name: DAVID KROLL, AVP WORKERS' COMPENSATION
Address: 9200 OAKDALE AVE., 8TH FLOOR
CHATSWORTH, CA 91311

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

ACE PROPERTY & CASUALTY INSURANCE COMPANY

Name: TOM EASON, AVP WORKERS' COMPENSATION
Address: ONE BEAVER VALLEY ROAD
WILMINGTON, DE 19803

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

Name: DAVID KROLL, AVP WORKERS' COMPENSATION
Address: 9200 OAKDALE AVE., 8TH FLOOR
CHATSWORTH, CA 91311

Tel: 818 428 3753
Fax: 818 428 3588
Email: david.kroll@acegroup.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
Email: 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
Email: acigregulatory@acig.com

ADVANTAGE WORKERS COMPENSATION INSURANCE COMPANY

Name: TERESA J. MARECK, VICE PRESIDENT & GENERAL COUNSEL
Address: P.O. BOX 571918
SALT LAKE CITY, UT 84157

Tel: 888 595 8750
Fax: 866 346 3289
Email: tmareck@advantagewc.com

Name: GWEN E. CHURCH, ASSISTANT VICE PRESIDENT
Address: P.O. BOX 571918
SALT LAKE CITY, UT 84157

Tel: 888 595 8750
Fax: 866 346 3289
Email: gchurch@advantagewc.com

AIG PROPERTY CASUALTY COMPANY

Name: JANICE MOORE, ASST. VICE PRESIDENT
Address: P O BOX 305903
NASHVILLE TN 37230

Tel: 302 765 1635
Fax: 302 765 7806
Email: janicem.moore@aig.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
Email: 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
Email: 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
Email: 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
Email: 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
Email: 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
Email: MTorunian@alliancenatl.com

ALLIED EASTERN INDEMNITY COMPANY

Name: KELLI CHAPMAN, DIRECTOR OF CLAIMS
Address: 25 RACE AVENUE
LANCASTER PA 17603

Tel: 855 533 3444 ext: 1651
Fax: 717 481 7170
Email: kchapman@eains.com

Name: TARA HOOPER, MANAGER OF REGIONAL CLAIMS
Address: 25 RACE AVENUE
LANCASTER PA 17603

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

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

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

AMERICAN AUTOMOBILE INSURANCE COMPANY

Name: THOMAS CUEL, SR. CLAIMS DIRECTOR
Address: 11475 GREAT OAKS WAY, SUITE 200
ALPHARETTA, GA 30022

Tel: 678 393 4016
Fax: 888 255 9157
Email: thomas.cuel@ffic.com

Name: JENNIFER FELCH, WORKERS' COMPENSATION SUPERVISOR
Address: 11475 GREAT OAKS WAY, SUITE 200
ALPHARETTA, GA 30022

Tel: 678 393 4057
Fax: 888 864 1453
Email: jennifer.felch@ffic.com

AMERICAN CASUALTY COMPANY OF READING PA

Name: DIANE WEBER, CLAIM MANAGER
Address: CNA
401 PENN STREET
READING, PA 19601

Tel: 610 320 4254
Fax: 312 260 6876
Email: diane.weber@cna.com

Name: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
Address: CNA
333 S. WABASH AVE., 39S
CHICAGO, IL 60604

Tel: 312 822 4751
Fax: 312 260 6320
Email: elizabeth.sieks@cna.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
Email: 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
Email: amy.hawley@rtwi.com

AMERICAN FIRE & CASUALTY INSURANCE COMAPNY

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

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

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

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

AMERICAN GUARANTEE & LIABILITY INSURANCE COMPANY

Name: BRIAN M. DOOLEY, ASST. VICE PRESIDENT
Address: 300 INTERPACE PARKWAY
MORRIS CORPORATE 1, BLDG. B/C
PARSIPPANY, NJ 07054

Tel: 973 394 5281
Fax: 973 394 5260
Email: Brian.Dooley@zurichna.com

Name: RONALD TANELLI, TEAM MANAGER
Address: 300 INTERPACE PARKWAY
MORRIS CORPORATE 1, BLDG. B/C
PARSIPPANY, NJ 07054

Tel: 973 394 5242
Fax: 973 394 5260
Email: Ronald.Tanelli@zurichna.com

AMERICAN HOME ASSURANCE COMPANY

Name: JANICE MOORE, ASSISTANT VICE PRESIDENT
Address: P O BOX 305903
NASHVILLE TN 37230

Tel: 302 765 1635
Fax: 302 765 7806
Email: janicem.moore@aig.com

AMERICAN INSURANCE COMPANY

Name: THOMAS CUEL, SR. CLAIMS DIRECTOR
Address: 11475 GREAT OAKS WAY, SUITE 200
ALPHARETTA GA 30022

Tel: 678 393 4016
Fax: 888 255 9157
Email: thomas.cuel@ffic.com

Name: JENNIFER FELCH, WORKERS' COMPENSATION SUPERVISOR
Address: 11475 GREAT OAKS WAY, SUITE 200
ALPHARETTA, GA 30022

Tel: 678 393 4057
Fax: 888 864 1453
Email: jennifer.felch@ffic.com

AMERICAN MINING INSURANCE COMPANY

Name: BILL SCHRIMPF, SENIOR VP, GENERAL COUNSEL & CHIEF CLAIMS OFFICER
Address: P.O. BOX 660847
BIRMINGHAM, AL 35266

Tel: 800 448 5621 ext: 254
Fax: 205 870 3245
Email: wschrimpf@americanmining.com

Name: MIKE CARNEY, ASSISTANT VP, COMPLIANCE
Address: P.O. BOX 660847
BIRMINGHAM, AL 35266

Tel: 800 448 5621 ext: 256
Fax: 205 870 3245
Email: mcarney@americanmining.com

AMERICAN ZURICH INSURANCE COMPANY

Name: BRIAN M. DOOLEY, ASST. VICE PRESIDENT
Address: 300 INTERPACE PARKWAY
MORRIS CORPORATE 1, BLDG. B/C
PARSIPPANY, NJ 07054

Tel: 973 394 5281
Fax: 973 394 5260
Email: Brian.Dooley@zurichna.com

Name: RONALD TANELLI, TEAM MANAGER
Address: 300 INTERPACE PARKWAY
MORRIS CORPORATE 1, BLDG. B/C
PARSIPPANY, NJ 07054

Tel: 973 394 5242
Fax: 973 394 5260
Email: ronald.Tanelli@zurichna.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
Email: 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
Email: 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
Email: 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
Email: 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
Email: 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
Email: 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
Email: Linda.Featherngill@Meadowbrook.com

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

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

AMGUARD INSURANCE COMPANY

Name: HUGH SPIEGELMAN, CLAIMS SUPERVISOR
Address: GUARD INSURANCE GROUP
P.O. BOX 1368
WILKES BARRE, PA 18703

Tel: 800 673 2465
Fax: 570 825 0611
Email: hugh.spiegelman@guard.com

Name: DIANA DUDA MONGO, STAFF ATTORNEY
Address: GUARD INSURANCE GROUP
110 SOUTH JEFFERSON ROAD
WHIPPANY, NJ 07981

Tel: 609 332 9019
Fax: 570 825 2152
Email: diana.mongo@guard.com

ARCH INSURANCE COMPANY

Name: CHASE W DEITS, CPCU, ARM, AIC
Address: 1125 SANCTUARY PKWY, SUITE 200
ALPHARETTA, GA 30009

Tel: 404 682 4318
Fax: 404 682 3613
Email: cdeits@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
Email: pmiloscia@archinsurance.com

ARGONAUT INSURANCE COMPANY

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

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

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

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

ARGONAUT-MIDWEST INSURANCE COMPANY

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

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

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

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

ATLANTIC SPECIALTY INSURANCE COMPANY

Name: CINDY VAN EYLL, VP OF WC CLAIMS
Address: 605 N HIGHWAY 169, STE 800
PLYMOUTH MN 55441

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

Name: CHRIS BAER, CLAIMS SUPERVISOR
Address: 188 INVERNESS DR WEST
ENGLEWOOD CO 80112

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

ATLANTICARE REGIONAL MEDICAL CENTER

Name: TRUDY MANDIA, RN,CCM,CWCP, SR. MANAGER, WC DEPARTMENT
Address: 2500 ENGLISH CREEK AVENUE
ATLANTICARE HEALTH PARK BLDG. 600
EGG HARBOR TOWNSHIP, NJ 08234

Tel: 609 407 2881
Fax: 609 272 6344
Email: trudy.mandia@atlanticare.org

Name: PAT BITZER, W.C. SPECIALIST
Address: 2500 ENGLISH CREEK AVENUE
ATLANTICARE HEALTH PARK, BLDG. 600
EGG HARBOR TOWNSHIP, NJ 08234

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

BANCROFT NEUROHEALTH, INC.

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

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

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

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

BANKERS STANDARD INSURANCE COMPANY

Name: TOM EASON, AVP WORKERS' COMPENSATION
Address: ONE BEAVER VALLEY ROAD
WILMINGTON, DE 19803

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

Name: DAVID KROLL, AVP WORKERS' COMPENSATION
Address: 9200 OAKDALE AVENUE, 8TH FLOOR
CHATSWORTH, CA 91311

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

BARNABAS HEALTH INC

Name: DAVID A. MEBANE, ESQ., SR. V.P. FOR LEGAL AFFAIRS - CHIEF LEGAL OFFICER
Address: 95 OLD SHORT HILLS ROAD
WEST ORANGE, NJ 07052
Tel: 973 322 4042
Fax: 973 322 4040
Email: dmebane@barnabashealth.org

Name: CARYL RUSSO, SR. VICE PRESIDENT, CORPORATE CARE
Address: KIMBALL MEDICAL CENTER
600 RIVER AVENUE
LAKEWOOD, NJ 08701
Tel: 732 557 7074
Fax: 732 557 7165
Email: crusso@barnabashealth.org

BERGEN REGIONAL MEDICAL CENTER

Name: BRIDGET WARRINGTON, CLAIMS EXAMINER
Address: PMA CUSTOMER SERVICE CENTER
P O BOX 5231
JANESVILLE WI 53547
Tel: 888 476 2669
Fax: 856 727 3144
Email: bridget.warrington@pmagroup.com

Name: KENYA SMITH, WORKERS' COMPENSATION MANAGER
Address: BERGEN REGIONAL MEDICAL CENTER
230 EAST RIDGEWOOD AVENUE
PARAMUS, NJ 07652
Tel: 201 225 4876
Fax: 201 967 4109
Email: ksmith@bergenregional.com

BERKLEY NATIONAL INSURANCE COMPANY

Name: ROBERT BUEHLER, ASSISTANT SECRETARY
Address: 215 SHUMAN BLVD., SUITE 200
NAPERVILLE, IL 60563
Tel: 630 210 0359
Fax: 630 210 0377
Email: rbuehler@wrberkley.com

Name: PATRICIA PETERS, REGULATORY ADMINISTRATOR
Address: 215 SHUMAN BLVD., SUITE 200
NAPERVILLE, IL 60563
Tel: 630 210 0359
Fax: 630 210 0377
Email: ppeters@wrberkley.com

BERKLEY REGIONAL INSURANCE COMPANY

Name: JOHN THELAN, ASSISTANT SECRETARY
Address: 11201 DOUGLAS AVENUE
URBANDALE, IA 50322
Tel: 515 473 3338
Fax: 515 473 3015
Email: bricinsdept@cwjins.com

Name: GREG KENDRICK, LEGAL ASSISTANT
Address: 11201 DOUGLAS AVENUE
URBANDALE, IA 50322
Tel: 515 473 3357
Fax: 515 473 3015
Email: bricinsdept@cwjins.com

BERKSHIRE HATHAWAY HOMESTATE INSURANCE CO (FMLY CORNHUSKERS CASUALTY)

Name: KAYLEIGH QUINTERO, CLAIMS MANAGER
Address: BERKSHIRE HATHAWAY HOMESTATE COMPANIES
1314 DOUGLAS STREET
SUITE 100
Tel: 402 952 5156
Fax: 415 675 5469
Email: kquintero@bhhc.com

Name: ADAM YOUNG, CLAIMS SUPERVISOR
Address: BERKSHIRE HATHAWAY HOMESTATE INSURANCE
COMPANY
1314 DOUGLAS STREET

Tel: 402 952 5142
Fax: 415 675 5469
Email: ayoung@bhhc.com

BROTHERHOOD MUTUAL INSURANCE COMPANY

Name: DEBBIE BENZINGER, SR. MANAGER, WC CLAIMS
Address: 6400 BROTHERHOOD WAY
P.O. BOX 2227
FORT WAYNE, NJ 46801

Tel: 260 482 8668
Fax: 260 482 3589
Email: dbenzinger@brotherhoodmutual.com

Name: DAVID ROESENER, REGULATORY AND COMPLIANCE DIRECTOR
Address: 6400 BROTHERHOOD WAY
P.O. BOX 2227
FORT WAYNE, NJ 46801

Tel: 260 482 8668
Fax: 260 483 7525
Email: droesener@brotherhoodmutual.com

CAMDEN, RC DIOCESE OF

Name: PATRICIA NAPIER, SR. WC CLAIMS SUPERVISOR
Address: P.O. BOX 500
SOMERS POINT, NJ 08244

Tel: 800 367 0138 ext: 2046
Fax: 609 926 8038
Email: tnapier@sciadvantage.com

Name: LINDA DEROUIN, LITIGATED SUPERVISOR
Address: P.O. BOX 500
SOMERS POINT, NJ 08244

Tel: 800 367 0138 ext: 2058
Fax: 609 926 8038
Email: lderouin@sciadvantage.com

CAPE REGIONAL MEDICAL CENTER

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

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

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

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

CAROLINA CASUALTY INSURANCE COMPANY

Name: LORI ZOBBLER, DIRECTOR OF CLAIMS
Address: 2445 KUSER RD, STE 201
HAMILTON NJ 08690

Tel: 609 584 4563
Fax: 866 921 7316
Email: 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
Email: JBurke@berkleynet.com

CBS BROADCASTING INC

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

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

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

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

CBS OUTDOOR GROUP INC

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

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

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

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

CBS OUTDOOR INC

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

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

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

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

CHARTER OAK FIRE INSURANCE COMPANY

Name: MARGARET MUIR-O'CONNOR, FIELD PRODUCT LINE MANAGER
Address: TRAVELERS INSURANCE COMPANIES, INC.
445 SOUTH STREET
MORRISTOWN, NJ 07960

Tel: 973 631 3063
Fax: 877 786 5568
Email: MMUIROCO@travelers.com

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

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

Name: LAURA BOOTH, CLAIM REPRESENTATIVE
Address: P.O. BOX 159
WARREN, MI 48090

Tel: 800 201 0450 ext: 3411
Fax: 586 939 8720
Email: lbooth@cherokeeinurance.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
Email: 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
Email: cfarina@chubb.com

CHURCH MUTUAL INSURANCE COMPANY

Name: TAMMY WOLFE, WC CLAIMS SUPERVISOR
Address: P.O. BOX 342
MERRILL, WI 54452

Tel: 715 539 4677
Fax: 715 539 4651
Email: twolfe@churchmutual.com

Name: TINA NOVOTNY, WC CLAIMS MANAGER
Address: P.O. BOX 342
MERRILL, WI 54452

Tel: 715 539 4912
Fax: 715 539 4651
Email: tnovotny@churchmutual.com

CINCINNATI CASUALTY COMPANY

Name: DEREK NEHIL, UNIT MANAGER
Address: YORK RISK SERVICES GROUP
P.O. BOX 183188
COLUMBUS, OH 43218

Tel: 609 807 9387
Fax: 609 689 0632
Email: derek.nehil@yorkrsg.com

Name: TONI POSTELL, SUPERINTENDENT
Address: P.O. BOX 145496
CINCINNATI, OH 45250

Tel: 513 603 5583
Fax: 513 371 7339
Email: toni_postell@cinfin.com

CINCINNATI INDEMNITY COMPANY

Name: DEREK NEHIL, UNIT MANAGER
Address: YORK RISK SERVICES GROUP
P.O. BOX 183188
COLUMBUS, OH 43218

Tel: 609 807 9387
Fax: 609 689 0632
Email: derek.nehil@yorkrsg.com

Name: TONI POSTELL, SUPERINTENDENT
Address: P.O. BOX 145496
CINCINNATI, OH 45250

Tel: 513 603 5583
Fax: 513 371 7339
Email: toni_postell@cinfin.com

CINCINNATI INSURANCE COMPANY

Name: DEREK NEHIL, UNIT MANAGER
Address: YORK RISK SERVICES GROUP
P.O. BOX 183188
COLUMBUS, OH 43218

Tel: 609 807 9387
Fax: 609 689 0632
Email: derek.nehil@yorkrsg.com

Name: TONI POSTELL, SUPERINTENDENT
Address: CINCINNATI INSURANCE COMPANY
P.O. BOX 145496
CINCINNATI, OH 45250

Tel: 513 603 5583
Fax: 513 371 7339
Email: toni_postell@cinfin.com

CITIZENS INSURANCE COMPANY OF AMERICA

Name: DANIEL GERMAIN, UNIT MANAGER
Address: HANOVER INSURANCE
440 LINCOLN STREET
WORCESTER, MA 01615

Tel: 508 855 5360
Fax: 508 635 1064
Email: dgermain@hanover.com

Name: MOLLY FLANAGAN, AVP WORK COMP
Address: HANOVER INSURANCE
440 LINCOLN STREET
WORCESTER, MA 01615

Tel: 800 628 0250
Fax: 508 926 1929
Email: moflanagan@hanover.com

COLONIAL CONCRETE CO & SUBS

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

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

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

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

COMMERCE & INDUSTRY INSURANCE COMPANY

Name: JANICE MOORE, ASSISTANT VICE PRESIDENT
Address: P O BOX 305903
NASHVILLE TN 37230

Tel: 302 765 1635
Fax: 302 765 7806
Email: janicm.moore@aig.com

CONAGRA FOODS INC AND SUBS

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

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

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

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

CONTINENTAL CASUALTY COMPANY (CNA)

Name: DIANE WEBER, CLAIM MANAGER
Address: CNA
401 PENN STREET
READING, PA 19601

Tel: 610 320 4254
Fax: 312 260 6876
Email: diane.weber@cna.com

Name: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
Address: CNA
333 S. WABASH AVE., 39S
CHICAGO, IL 60604

Tel: 312 822 4751
Fax: 312 260 6320
Email: elizabeth.sieks@cna.com

CONTINENTAL INDEMNITY COMPANY

Name: ERIC KENNEDY, UNIT SUPERVISOR
Address: P.O. BOX 3804
OMAHA, NE 68103

Tel: 877 234 4420
Fax: 877 234 4425
Email: ekennedy@auw.com

Name: PETER GUNN, CLAIMS MANAGER
Address: P.O. BOX 3804
OMAHA, NE 68103

Tel: 877 234 4420
Fax: 877 234 4425
Email: pgunn@auw.com

CONTINENTAL INSURANCE COMPANY

Name: DIANE WEBER, CLAIM MANAGER
Address: CNA
401 PENN STREET
READING, PA 19601

Tel: 610 320 4254
Fax: 312 260 6876
Email: diane.weber@cna.com

Name: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
Address: CNA
333 S. WABASH AVE., 39S
CHICAGO IL 60604

Tel: 312 822 4751
Fax: 312 260 6320
Email: elizabeth.sieks@cna.com

CONTINENTAL INSURANCE COMPANY OF NEW JERSEY

Name: DIANE WEBER, CLAIM MANAGER
Address: CNA
401 PENN STREET
READING, PA 19601

Tel: 610 320 4254
Fax: 312 260 6876
Email: diane.weber@cna.com

Name: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
Address: CNA
333 S. WABASH AVE., 30S
CHICAGO, IL 60604

Tel: 312 822 4751
Fax: 312 260 6320
Email: elizabeth.sieks@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
Email: mikulich-maryann@cooperhealth.edu

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

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

COSTCO WHOLESALE CORPORATION

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

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

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

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

CUMBERLAND INSURANCE COMPANY

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

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

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

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

CVS/HEALTH CORPORATION

Name: LISA HOUDE, WC EXAMINER
Address: ONE CVS DRIVE
WOUNSOCKET, RI 02895

Tel: 401 765 1500 ext: 7889
Fax: 401 770 5244
Email: 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
Email: jmbushey@cvs.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
Email: 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
Email: ghallenbeck@dchusa.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

Tel: 908 508 4890
Fax: 908 508 4850
Email: 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
Email: carole.a.carr@usa.dupont.com

EASTERN ADVANTAGE ASSURANCE COMPANY

Name: KELLI CHAPMAN, DIRECTOR OF CLAIMS
Address: 25 RACE AVENUE
LANCASTER, PA 17603

Tel: 855 533 3444 ext: 1651
Fax: 717 481 7170
Email: kchapman@eains.com

Name: TARA HOOPER, MANAGER OF REGIONAL CLAIMS
Address: 25 RACE AVENUE
LANCASTER, PA 17603

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

EASTERN ALLIANCE INSURANCE COMPANY

Name: KELLI CHAPMAN, DIRECTOR OF CLAIMS
Address: EASTERN ALLIANCE INSURANCE GROUP
25 RACE AVENUE
LANCASTER, PA 17603

Tel: 855 533 3444 ext: 1651
Fax: 717 481 7070
Email: kchapman@eains.com

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

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

EASTGUARD INSURANCE COMPANY

Name: HUGH SPIEGELMAN, CLAIMS SUPERVISOR
Address: GUARD INSURANCE GROUP
P.O. BOX 1368
WILKES BARRE, PA 18703

Tel: 800 673 2465
Fax: 570 825 0611
Email: hugh.spiegelman@guard.com

Name: DIANA DUDA MONGO, STAFF ATTORNEY
Address: GUARD INSURANCE GROUP
110 SOUTH JEFFERSON ROAD
WHIPPANY, NJ 07981

Tel: 609 332 9019
Fax: 570 825 2152
Email: diana.mongo@guard.com

ELECTRIC INSURANCE COMPANY

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

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

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

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

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
Email: 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
Email: 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
Email: dmacy@employers.com

Name: KATHRYN WHETSONE, VP, REGIONAL CLAIMS
Address: 851 TRAFALGAR COURT, SUITE 400E
MAITLAND, FL 32751

Tel: 407 221 7816
Fax: 702 671 7881
Email: kwhetstone@employers.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
Email: 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
Email: 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
Email: todd.gancarz@peerless-ins.com

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

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

FARM FAMILY CASUALTY INSURANCE COMPANY

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

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

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

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

FARMERS INSURANCE COMPANY OF FLEMINGTON

Name: PATRICK ALLARD, VICE PRESIDENT - CLAIMS
Address: 23 ROYAL ROAD, SUITE 100
FLEMINGTON, NJ 08822

Tel: 800 842 5032 ext: 104
Fax: 908 782 6199
Email: pallard@farmersofflemington.com

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

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

FARMERS INSURANCE EXCHANGE

Name: BLAKE ILES, WC CLAIMS TEAM LEADER
Address: FARMERS INSURANCE
2245 SEQUOIA DRIVE, SUITE 100, 1ST FLOOR
AURORA, IL 60506

Tel: 630 907 4351
Fax: 630 907 2428
Email: blake.iles@farmersinsurance.com

Name: TAMMY LEE, WC CLAIM MANAGER
Address: FARMERS INSURANCE
15700 LONG VISTA DRIVE
AUSTIN, TX 78728

Tel: 512 533 8388
Fax: 512 533 8398
Email: tammy.lee@farmersinsurance.com

FARMERS MUTUAL FIRE INSURANCE COMPANY OF SALEM COUNTY

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

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

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

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

FEDERAL EXPRESS CORP.

Name: THOMAS CONSTANCE, CLAIMS SUPERVISOR
Address: P.O. BOX 37726
PHILADELPHIA, PA 19101

Tel: 215 231 3846
Fax: 215 231 3899
Email: njmotions@sedgwickcms.com

Name: MICKEY PINEIRO, WC CLAIMS MANAGER
Address: P.O. BOX 37726
PHILADELPHIA, PA 19101

Tel: 215 231 3908
Fax: 215 231 3899
Email: 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
Email: 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
Email: 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
Email: 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
Email: mtforbes@fedins.com

FEDEX GROUND PACKAGE SYSTEM, INC.

Name: LEIGH FERRON, MANAGER, WORKERS' COMPENSATION
Address: FEDEX GROUND PACKAGE SYSTEM, INC.
1000 FEDEX DRIVE
MOON TOWNSHIP, PA 15108

Tel: 412 859 7240
Fax: 412 747 8320
Email: leigh.ferron@fedex.com

Name: LAURA DETWILER, WORKERS' COMPENSATION ADMINISTRATOR
Address: FEDEX GROUND PACKAGE SYSTEM, INC.
1000 FEDEX DRIVE
MOON TOWNSHIP PA 15108

Tel: 412 747 8321
Fax: 412 747 8320
Email: laura.detwiler@fedex.com

FIREMANS FUND INSURANCE COMPANY

Name: THOMAS CUEL, SR. CLAIMS DIRECTOR
Address: 11475 GREAT OAKS WAY, SUITE 200
ALPHARETTA, GA 30022

Tel: 678 393 4016
Fax: 888 255 9157
Email: thomas.cuel@ffic.com

Name: JENNIFER FELCH, WORKERS' COMPENSATION SUPERVISOR
Address: 11475 GREAT OAKS WAY, SUITE 200
ALPHARETTA, GA 30022

Tel: 678 393 4057
Fax: 888 864 1453
Email: jennifer.felch@ffic.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
Email: 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
Email: shill@wrbmag.com

FIRST LIBERTY INSURANCE COMPANY

Name: CHRISTOPHER NIESMERTELNY, CLAIMS MANAGER
Address: 3 BECKER FARM ROAD
ROSELAND, NJ 07068

Tel: 800 900 4875 ext: 2209
Fax: 800 449 2567
Email: christopher.niesmertelny@libertymutual.com

Name: JASON HACKLING, TEAM MANAGER
Address: 3 BECKER FARM ROAD
ROSELAND, NJ 07068

Tel: 800 900 4875 ext: 2206
Fax: 800 449 2567
Email: jason.hackling@libertymutual.com

FIRSTENERGY CORP & SUBS

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

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

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

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

FIRSTLINE NATIONAL INSURANCE COMPANY

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

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

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

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

FITCHBURG MUTUAL INSURANCE COMPANY

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

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

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

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

FLORISTS MUTUAL INSURANCE COMPANY

Name: JOAN KLOPF, CLAIMS MANAGER
Address: PO BOX 8032
STEVENS POINT, WI 54481

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

Name: MATT STOSS, DIRECTOR WC CLAIMS
Address: PO BOX 8032
STEVENS POINT, WI 55481

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

FMI INSURANCE COMPANY

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

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

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

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

FOREMOST INSURANCE COMPANY GRAND RAPIDS MICHIGAN

Name: BLAKE ILES, TEAM LEADER - WORKERS' COMPENSATION
Address: FARMERS INSURANCE
2245 SEQUOIA DRIVE, SUITE 100, 1ST FLOOR
AURORA, IL 60506

Tel: 630 907 4351
Fax: 630 907 2428
Email: blake.iles@farmersinsurance.com

Name: TAMMY LEE, CLAIMS MANAGER - WORKERS' COMPENSATION
Address: FARMERS INSURANCE
15700 LONG VISTA DRIVE
AUSTIN, TX 78728

Tel: 512 533 8388
Fax: 512 533 8398
Email: tammy.lee@farmersinsurance.com

FOREMOST PROPERTY & CASUALTY INSURANCE COMPANY

Name: BLAKE ILES, TEAM LEADER - WORKERS' COMPENSATION
Address: FARMERS INSURANCE
2245 SEQUOIA DRIVE, SUITE 100, 1ST FLOOR
AURORA, IL 60506

Tel: 630 907 4351
Fax: 630 907 2428
Email: blake.iles@farmersinsurance.com

Name: TAMMY LEE, CLAIMS MANAGER - WORKERS' COMPENSATION
Address: FARMERS INSURANCE
15700 LONG VISTA DRIVE
AUSTIN, TX 78728

Tel: 512 533 8388
Fax: 512 533 8398
Email: tammy.lee@farmersinsurance.com

FOREMOST SIGNATURE INSURANCE COMPANY

Name: BLAKE ILES, TEAM LEADER - WORKERS' COMPENSATION
Address: FARMERS INSURANCE
2245 SEQUOIA DRIVE, SUITE 100, 1ST FLOOR
AURORA, IL 60506

Tel: 630 907 4351
Fax: 630 907 2428
Email: blake.iles@farmersinsurance.com

Name: TAMMY LEE, CLAIMS MANAGER - WORKERS' COMPENSATION
Address: FARMERS INSURANCE
15700 LONG VISTA DRIVE
AUSTIN, TX 78728

Tel: 512 533 8388
Fax: 512 533 8398
Email: tammy.lee@farmersinsurance.com

FRANK WINSTON CRUM INSURANCE INC

Name: ADELIN VINAS, CLAIMS MANAGER
Address: 100 S. MISSOURI AVENUE
CLEARWATER, FL 33756

Tel: 727 799 1150
Fax: 727 450 7911
Email: adelinv@frankcrum.com

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

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

FRANKLIN MUTUAL INSURANCE COMPANY

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

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

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

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

GANNETT SATELLITE INFO. NETWORK

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

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

GERRESHEIMER GLASS INC

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

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

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

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

GRANITE STATE INSURANCE COMPANY

Name: JANICE MOORE, ASST. VICE PRESIDENT
Address: P O BOX 305903
NASHVILLE TN 37230

Tel: 302 765 1635
Fax: 302 765 7806
Email: janicem.moore@aig.com

GRAPHIC ARTS MUTUAL INSURANCE COMPANY

Name: DIANE SERVELLO, WORKERS' COMPENSATION SUPERVISOR
Address: P.O. BOX 5310
BINGHAMTON, NY 13902

Tel: 315 235 6619
Fax: 972 301 4211
Email: diane.servello@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
Email: Joseph.Smith@uticanational.com

GREAT AMERICAN ALLIANCE INSURANCE COMPANY

Name: PETER BUONPANE, SR. CLAIM MANAGER
Address: STRATEGIC COMP
P.O. BOX 1445
ALPHARETTA, GA 30009

Tel: 800 467 7725 ext: 306
Fax: 770 225 3581
Email: pbuonpane@strategiccomp.com

Name: RON RAGNO, DIVISIONAL VP CLAIMS
Address: STRATEGIC COMP
P.O. BOX 1445
ALPHARETTA, GA 30009

Tel: 800 467 7725
Fax: 770 225 3581
Email: rragno@strategiccomp.com

GREAT DIVIDE INSURANCE COMPANY

Name: ALAA ZUAITER, WC ASSISTANT MANAGER
Address: GREAT DIVIDE INSURANCE COMPANY
600 E. LAS COLINAS BLVD., SUITE 1400
IRVING, TX 75039

Tel: 972 819 8890
Fax: 972 819 8975
Email: azuaiter@berkleysum.com

Name: PETER LAMBERT, VICE PRESIDENT, CLAIMS
Address: GREAT DIVIDE INSURANCE COMPANY
600 E. LAS COLINAS BLVD., SUITE 1400
IRVING, TX 75039

Tel: 972 819 8967
Fax: 972 819 8975
Email: plambert@berkleysum.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
Email: 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
Email: 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
Email: 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
Email: 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
Email: 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
Email: 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
Email: 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:
Email: Bryan.Sanders@xlgroup.com

GUARANTEE INSURANCE COMPANY

Name: MARK HOEHN, NE REGIONAL CLAIM MANAGER
Address: C/O PATRIOT RISK SERVICES, INC.
P.O. BOX 386
CONSHOHOCKEN, PA 19428

Tel: 484 567 0300
Fax: 484 567 0305
Email: mhoehn@pnigroup.com

Name: LORI SCARAMUCCI, CLAIM SUPERVISOR
Address: C/O PATRIOT RISK SERVICES, INC.
P.O. BOX 386
CONSHOHOCKEN, PA 19428

Tel: 484 567 0300
Fax: 484 567 0305
Email: lscaramucci@pnigroup.com

GUIDEONE MUTUAL INSURANCE COMPANY

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

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

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

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

HANOVER INSURANCE COMPANY

Name: JOHN FURTADO, UNIT MANAGER
Address: 440 LINCOLN STREET
WORCESTER, MA 01615

Tel: 508 855 3105
Fax: 508 635 1871
Email: jfurtado@hanover.com

Name: PAUL COUGHLIN, SENIOR ADJUSTER
Address: 440 LINCOLN STREET
WORCESTER, MA 01615

Tel: 508 855 8193
Fax: 508 635 5892
Email: patcoughlin@hanover.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
Email: richard_hughes@harfordmutual.com

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

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

HARLEYSVILLE INSURANCE COMPANY

Name: MELISSA TRIMMER, WC CLAIMS SUPERVISOR
Address: 355 MAPLE AVENUE
HARLEYSVILLE, PA 19438

Tel: 215 513 8746
Fax: 215 513 8749
Email: mtrimmer@harleysvillegroup.com

Name: JAMES FELBINGER, WC MANAGER
Address: 355 MAPLE AVENUE
HARLEYSVILLE, PA 19438

Tel: 215 513 8741
Fax: 215 513 8749
Email: jfelbinger@harleysvillegroup.com

HARLEYSVILLE INSURANCE COMPANY OF NEW JERSEY

Name: MELISSA TRIMMER, WC CLAIMS SUPERVISOR
Address: 355 MAPLE AVENUE
HARLEYSVILLE, PA 19438

Tel: 215 513 8746
Fax: 800 41 4118
Email: mtrimmer@harleysvillegroup.com

Name: JAMES FELBINGER, WC DIRECTOR
Address: 355 MALE AVENUE
HARLEYSVILLE, PA 19438

Tel: 215 513 8741
Fax: 800 441 4118
Email: 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
Email: mtrimmer@harleysvillegroup.com

Name: JAMES FELBINGER, WC CLAIMS MANAGER
Address: 355 MAPLE AVENUE
HARLEYSVILLE, PA 19438

Tel: 215 513 8741
Fax: 215 513 8749
Email: jfelbinger@harleysvillegroup.com

HARLEYSVILLE WORCESTER INSURANCE COMPANY

Name: MELISSA TRIMMER, WC CLAIMS SUPERVISOR
Address: 355 MAPLE AVENUE
HARLEYSVILLE, PA 19438

Tel: 215 513 8746
Fax: 800 441 4118
Email: mtrimmer@harleysvillegroup.com

Name: JAMES FELBINGER, WC DIRECTOR
Address: 355 MAPLE AVENUE
HARLEYSVILLE, PA 19438

Tel: 215 513 8741
Fax: 800 441 4118
Email: jfelbinger@harleysvillegroup.com

HARTFORD ACCIDENT & INDEMNITY COMPANY

Name: KEVIN ZACCHIA, CLAIM DIRECTOR
Address: 300 SOUTH STATE STREET
SYRACUSE, NY 13202

Tel: 315 385 5255
Fax: 888 459 1629
Email: Kevin.Zacchia@thehartford.com

Name:
Address:

Tel:
Fax:
Email:

HARTFORD CASUALTY INSURANCE COMPANY

Name: KEVIN ZACCHIA, CLAIM DIRECTOR
Address: 300 SOUTH STATE STREET
SYRACUSE, NY 13202

Tel: 315 385 5255
Fax: 888 459 1629
Email: Kevin.Zacchia@thehartford.com

Name:
Address:

Tel:
Fax:
Email:

HARTFORD FIRE INSURANCE COMPANY

Name: KEVIN ZACCHIA, CLAIM DIRECTOR
Address: 300 SOUTH STATE STREET
SYRACUSE, NY 13202

Tel: 315 385 5255
Fax: 888 459 1629
Email: Kevin.Zacchia@thehartford.com

Name:
Address: Tel:
Fax:
Email:

HARTFORD INSURANCE COMPANY OF THE MIDWEST

Name: KEVIN ZACCHIA, CLAIM DIRECTOR
Address: 300 SOUTH STATE STREET
SYRACUSE, NY 13202 Tel: 315 385 5255
Fax: 888 459 1629
Email: Kevin.Zacchia@thehartford.com

Name:
Address: Tel:
Fax:
Email:

HARTFORD UNDERWRITERS INSURANCE COMPANY

Name: MICHELLE NOBLE, QUALITY SPECIALIST
Address: 300 SOUTH STATE STREET
SYRACUSE, NY 13202 Tel: 315 385 6400
Fax: 877 664 8376
Email: Michelle.Noble@thehartford.com

Name:
Address: Tel:
Fax:
Email:

HDI GLOBAL AMERICA INSURANCE CO

Name: JOHN THOMPSON, V.P. CLAIMS
Address: 700 NORTH BRAND BLVD., SUITE 600
GLENDALE, CA 91203 Tel: 818 662 4360
Fax: 818 637 6015
Email: john.thompson@hdi-gerling.com

Name: MARK ACKERMAN, CHIEF CLAIMS OFFICER
Address: 161 N. CLARK STREET
CHICAGO, IL 60601 Tel: 312 456 6760
Fax: 312 924 0901
Email: mark.ackerman@hdi-gerling.com

HERR FOOD, INC.

Name: MARK BENNETT, VP CLAIMS SERVICES
Address: 39 N. DUKE STREET
LANCASTER, PA 17601 Tel: 717 397 9600
Fax: 717 735 6951
Email: mbennett@murrayins.com

Name: LINDA KOPF, MANAGER, LICENSING AND COMPLIANCE
Address: 39 N. DUKE STREET
LANCASTER, PA 17601 Tel: 717 397 9600
Fax: 717 735 6929
Email: lkopf@murrayins.com

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
Email: 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
Email: 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
Email: Darlene.Peterson@lvh.com

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

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

HOSPITAL TRUST FOR WORKERS COMPENSATION

Name: PHYLLIS GODFREY, WC CLAIM SUPERVISOR
Address: P.O. BOX 5322
PRINCETON, NJ 08543

Tel: 609 452 9404
Fax: 609 452 5478
Email: Phyllis.Godfrey@PrincetonInsurance.com

Name: DONNA SCHWARTZ, WC EXAMINER
Address: P.O. BOX 5322
PRINCETON, NJ 08543

Tel: 609 452 9404
Fax: 609 452 5415
Email: Donna.Schwartz@PrincetonInsurance.com

ILLINOIS NATIONAL INSURANCE COMPANY

Name: JANICE MOORE, ASST. VICE PRESIDENT
Address: P O BOX 205903
NASHVILLE TN 37230

Tel: 302 765 1635
Fax: 302 765 7806
Email: janicem.moore@aig.com

INDEMNITY INSURANCE COMPANY OF NORTH AMERICA

Name: TOM EASON, AVP WORKERS' COMPENSATION
Address: ONE BEAVER VALLEY ROAD
WILMINGTON, DE 19803

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

Name: DAVID KROLL, AVP WORKERS' COMPENSATION
Address: 9200 OAKDALE AVENUE, 8TH FLOOR
CHATSWORTH, CA 91311

Tel: 818 428 3753
Fax: 818 428 3588
Email: david.kroll@acegroup.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
Email: todd.gancarz@peerless-ins.com

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

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

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
Email: 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
Email: rzweibel@gny.com

INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Name: JANICE MOORE, ASST. VICE PRESIDENT
Address: P O BOX 305903
NASHVILLE TN 37230

Tel: 302 765 1635
Fax: 302 765 7806
Email: janicem.moore@aig.com

INSURANCE COMPANY OF THE WEST

Name: GINA SKOLASKI, OPERATIONS MANAGER
Address: 11455 EL CAMINO REAL
SAN DIEGO, CA 92130

Tel: 858 350 2789
Fax: 858 436 8966
Email: gskolaski@icwgroup.com

Name: SHAWN MILLER, CLAIM MANAGER
Address: ICW GROUP
5888 W. SUNSET ROAD, #100
LAS VEGAS, NV 89118

Tel: 702 866 2555
Fax: 702 866 2355
Email: smiller@icwgroup.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
Email: 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
Email: Robert.Machion@sedgwickcms.com

KING WORLD CORPORATION

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

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

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

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

LIBERTY INSURANCE CORPORATION

Name: MICHAEL SQUEO, SR. CLAIMS MANAGER, MID-ATLANTIC
Address: 7 BECKER FARM ROAD
ROSELAND, NJ 07068

Tel: 800 900 4875 ext: 21178
Fax: 603 334 8393
Email: michael.squeo@libertymutual.com

Name: EDIE MCGINN, CLAIMS TEAM MANAGER II
Address: 7 BECKER FARM ROAD
ROSELAND, NJ 07068

Tel: 800 900 4875
Fax: 603 427 2682
Email: edie.mcginn@libertymutual.com

LIBERTY MUTUAL FIRE INSURANCE CO.

Name: CHRISTOPHER NIESMERTELNY, CLAIMS MANAGER
Address: 3 BECKER FARM ROAD
ROSELAND, NJ 07068

Tel: 800 900 4875 ext: 2209
Fax: 800 449 2567
Email: 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
Email: jason.hackling@libertymutual.com

LIBERTY MUTUAL INSURANCE CO.

Name: CHRISTOPHER NIESMERTELNY, CLAIMS MANAGER
Address: 3 BECKER FARM ROAD
ROSELAND, NJ 07068

Tel: 800 900 4875 ext: 2209
Fax: 800 449 2567
Email: christopher.niesmertelny@libertymutual.com

Name: JASON D. HACKLING, TEAM MANAGER
Address: 3 BECKER FARM ROAD
ROSELAND, NJ 07068

Tel: 800 900 4875 ext: 2209
Fax: 800 449 2567
Email: jason,hackling@libertymutual.com

LION INSURANCE COMPANY

Name: STEPHANIE WALLACE, CLAIMS MANAGER
Address: PACKARD CLAIMS ADMINISTRATION
P.O. BOX 1549
TARPON SPRINGS, FL 34688

Tel: 727 682 1072
Fax: 727 202 9945
Email: sawallace@packardclaims.com

Name:
Address: Tel:
Fax:
Email:

LM INSURANCE CORPORATION

Name: CHRISTOPHER NIESMERTELNY, CLAIMS MANAGER
Address: 3 BECKER FARM ROAD
ROSELAND, NJ 07068
Tel: 800 900 4875 ext: 2094
Fax: 800 449 2567
Email: christopher.niesmertelny@libertymutual.com

Name: JASON D HACKLING, TEAM MANAGER
Address: 3 BECKER FARM ROAD
ROSELAND, NJ 07068
Tel: 800 900 4875 ext: 2206
Fax: 800 449 2567
Email: jason.hackling@libertymutual.com

LOWES HOME CENTERS INC

Name: KELLY YEAGER, WC CLAIMS HANDLER
Address: 150 S. WARNER ROAD
SUITE 300
P.O. BOX 61512
Tel: 610 386 7744
Fax: 610 386 7763
Email: Kelly.Yeager@srsconnect.com

Name: MECHELLE COLBY, WC CLAIMS HANDLER
Address: 303 LIPPINCOTT DRIVE
SUITE 200
P.O. BOX 779
Tel: 856 355 4484
Fax: 860 756 8427
Email: Mechelle.Colby@srsconnect.com

MACY'S INC AND SUBSIDIARIES

Name: BILL KRONER, WORKERS' COMPENSATION MANAGER
Address: P.O. BOX 3069
CINCINNATI, OH 45201
Tel: 800 677 0693 ext: 7133
Fax: 866 908 2397
Email: bill.kroner@macys.com

Name: TOM CONARD, SR. WORKERS' COMPENSATION MANAGER
Address: P.O. BOX 3069
CINCINNATI, OH 45201
Tel: 800 677 0693
Fax: 866 908 2395
Email: tom.conard@macys.com

MAINE EMPLOYERS MUTUAL INSURANCE CO

Name: MATTHEW HARMON, ASST V.P., MIC CLAIM DEPT.
Address: 1750 ELM ST., #500
MANCHESTER, NH 03104
Tel: 603 314 0612
Fax: 603 314 0630
Email: mharmon@memic.com

Name: STACEY FOOTE, UNIT MANAGER
Address: 1750 ELM ST., #500
MANCHESTER, NH 03104
Tel: 603 314 0615
Fax: 603 314 0630
Email: sfoote@memic.com

MANUFACTURERS ALLIANCE INSURANCE COMPANY

Name: MARITA TORTORELLI, AVP
Address: 330 FELLOWSHIP ROAD
MT. LAUREL, NJ 08054

Tel: 856 727 3117
Fax: 856 727 3144
Email: marita_tortorelli@pmagroup.com

Name: EDYTHE WITTNER-STORER, CLAIMS SUPERVISOR
Address: 330 FELLOWSHIP ROAD
MT. LAUREL, NJ 08054

Tel: 856 727 3063
Fax: 856 727 3144
Email: edythe_wittmer@pmagroup.com

MARKEL INSURANCE COMPANY

Name: KAREN DWYER, CLAIMS MANAGER
Address: MARKEL SERVICE, INCORPORATED
P.O. BOX 3188
OMAHA, NE 68103

Tel: 888 500 3344
Fax: 877 444 6806
Email: kdwyer@firstcomp.com

Name: KIM SHOTKOSKI, SENIOR REGULATORY COMPLIANCE SPECIALIST
Address: MARKEL SERVICE, INCORPORATED
P.O. BOX 3188
OMAHA, NE 68103

Tel: 888 500 3344
Fax: 877 444 6806
Email: kshotkoski@firstcomp.com

MARRIOTT CLAIMS SERVICES CORP.

Name: FAITH FRITZ, CLAIMS MANAGER
Address: 9737 WASHINGTONIAN BLVD.
SUITE 201
GAITHERSBURG, MD 20878

Tel: 301 380 0375
Fax: 301 644 8230
Email: faith.fritz@marriott.com

Name: ELIZABETH M TOTH, SENIOR DIRECTOR
Address: 9737 WASHINGTONIAN BLVD.
SUITE 201
GAITHERSBURG, MD 20878

Tel: 301 380 0341
Fax: 301 644 8230
Email: beth.toth@marriott.com

MARRIOTT INTERNATIONAL, INC.

Name: FAITH FRITZ, CLAIMS MANAGER
Address: 9737 WASHINGTONIAN BLVD.
SUITE 201
GAITHERSBURG, MD 20878

Tel: 301 380 0375
Fax: 301 644 8230
Email: faith.fritz@marriott.com

Name: ELIZABETH M TOTH, SENIOR DIRECTOR
Address: 9737 WASHINGTONIAN BLVD.
SUITE 201
GAITHERSBURG, MD 20878

Tel: 301 380 0341
Fax: 301 644 8230
Email: beth.toth@marriott.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
Email: cungar@hanover.com

Name: PAULA ANDRADE, UNIT MANAGR
Address: P.O. BOX 15144
WORCESTER MA 01615

Tel: 508 855 5893
Fax: 508 635 0396
Email: pandrade@hanover.com

MEMIC INDEMNITY COMPANY

Name: WANDA PERIOU, DIRECTOR OF MIC CLAIMS
Address: 5401 W KENNEDY BLVD, STE 610
TAMPA FL 33609

Tel: 813 549 8355
Fax: 813 282 6980
Email: wperiou@memic.com

Name: NINA DALESSANDRO, REGIONAL DIRECTOR OF CLAIMS
Address: 300 CONSHOHOCKEN STATE RD WEST
CONSHOHOCKEN PA 19428

Tel: 267 424 6889
Fax: 610 940 6990
Email: ndalessandro@memic.com

MEMORIAL SLOAN KETTERING CANCER CENTER

Name: MAGDALENE NEGRON, MANAGER, FMLA/DISABILITY
Address: 533 THIRD AVENUE, 5TH FLOOR
NEW YORK, NY 10017

Tel: 646 227 3638
Fax: 212 557 1249
Email: negronm@mskcc.org

Name: DONYSA VACHARASANEE, DISABILITY SPECIALIST
Address: 633 THIRD AVENUE, 5TH FLOOR
NEW YORK, NY 10017

Tel: 646 227 3289
Fax: 212 557 1249
Email: vacarad@mskcc.org

MERCER INSURANCE COMPANY OF NEW JERSEY INC

Name: MATHEW RATHJE, WORK COMP CLAIMS SUPERVISOR
Address: P.O. BOX 73909
CEDAR RAPIDS, IA 52407

Tel: 319 399 5700
Fax: 888 514 9190
Email: mrathje@unitedfiregroup.com

Name: VICKY GREFF, CORPORATE WORK COMP MANAGER
Address: P.O. BOX 73909
CEDAR RAPIDS, IA 52407

Tel: 319 399 5700
Fax: 888 514 9190
Email: vgreff@unitedfiregroup.com

MERCHANTS MUTUAL INSURANCE COMPANY

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

Tel: 865 235 8890 ext: 271
Fax: 856 778 8290
Email: fgraulich@merchantsgroup.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
Email: 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
Email: 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
Email: 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
Email: eric.justice@srsconnect.com

Name: NANCY HOFACKER, ACCOUNT MANAGEMENT DIRECTOR
Address: 303 LIPPINCOTT CENTER
SUITE 200
MANTOR NJ 08053

Tel: 856 797 6533
Fax: 860 756 8426
Email: namcy.hofacker@srsconnect.com

METUCHEN, RC DIOCESE OF

Name: JACQUELINE GLAKIN, INSURANCE MANAGER
Address: 146 METLARS LANE
DIOCESE OF METUCHEN
PISCATAWAY NJ 08854

Tel: 732 562 1990
Fax: 732 562 2464
Email: jglackin@diometuchen.org

Name: ERIC DILL, HUMAN RESOURCES DIRECTOR
Address: 146 METLARS LANE
PPISCATAWAY NJ 07059

Tel: 732 562 2465
Fax: 732 562 2464
Email: edill@metuchen.org

MID CENTURY INSURANCE COMPANY

Name: BLAKE ILES, WC CLAIMS TEAM LEADER
Address: FARMERS INSURANCE
2245 SEQUOIA DRIVE, SUITE 101, 1ST FLOOR
AURORA, IL 60506

Tel: 630 907 4351
Fax: 630 907 2428
Email: blake.iles@farmersinsurance.com

Name: TAMMY LEE, WC CLAIM MANAGER
Address: FARMERS INSURANCE
15700 LONG VISTA DRIVE
AUSTIN, TX 78728

Tel: 512 533 8388
Fax: 512 533 8398
Email: tammy.lee@farmersinsurance.com

MIDDLESEX INSURANCE COMPANY

Name: JOAN KLOPF, CLAIMS MANAGER
Address: 3 CARLISLE ROAD
PO BOX 584
WESTFORD MA 01886

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

Name: KARRI ERBES, CLAIMS MANAGER
Address: 1421 STRONGS AVENUE
PO BOX 8032
STEVENS POINT, WI 54481

Tel: 715 346 9311
Fax: 715 346 9708
Email: karri.erbres@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
Email: LZobler@berkleynet.com

Name: JOHN BURKE, SENIOR 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
Email: JBurke@berkleynet.com

mitsui SUMITOMO INSURANCE COMPANY OF AMERICA

Name: SALLY DEROSA, BENEFITS ADMINISTRATOR
Address: MITSUI SEIKI (USA), INC.
563 COMMERCE STREET
FRANKLIN LAKES, NJ 07417

Tel: 201 337 1300
Fax: 201 337 3680
Email: sderosa@mitsuiseiki.com

Name: YENDA CHIU, ACCOUNTING MANAGER
Address: MITSUI SEIKI (USA), INC.
563 COMMERCE STREET
FRANKLIN LAKES, NJ 07417

Tel: 201 337 1300
Fax: 201 337 3680
Email: ychiu@mitsuiseiki.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
Email: mjasilo@msigusa.com

Name: LINDA DUNHAM, SENIOR CLAIMS REPRESENTATIVE
Address: 15 INDEPENDENCE BLVD.
WARREN NJ 07059

Tel: 908 604 2916
Fax: 908 604 2835
Email: 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
Email: 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
Email: kjosko@qualcareinc.com

NATIONAL FIRE INSURANCE OF HARTFORD

Name: DIANE WEBER, CLAIM MANAGER
Address: CNA
401 PENN STREET
READING, PA 19601

Tel: 610 320 4254
Fax: 312 260 6876
Email: diane.weber@cna.com

Name: EIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
Address: CNA
333 S. WABASH AVE., 39S
CHICAGO IL 60604

Tel: 312 822 4751
Fax: 312 260 6320
Email: elizabeth.sieks@cna.com

NATIONAL INTERSTATE INSURANCE COMPANY OF HAWAII

Name: ANDY ISAKOFF, CLAIMS MANAGER
Address: 3250 INTERSTATE DRIVE
RICHFIELD, OH 44286

Tel: 800 929 1500 ext: 1117
Fax: 330 659 8909
Email: andy.isakoff@natl.com

Name: BRAD SCOFIELD, VICE PRESIDENT OF CLAIMS
Address: 3250 INTERSTATE DRIVE
RICHFIELD, OH 44286

Tel: 800 929 1500 ext: 1110
Fax: 330 659 8909
Email: brad.scofield@natl.com

NATIONAL SURETY CORPORATION

Name: THOMAS CUEL, SR. CLAIMS DIRECTOR
Address: 11475 GREAT OAKS WAY
SUITE 200
ALPHARETTA, GA 30022

Tel: 678 393 4016
Fax: 888 255 9157
Email: thomas.cuel@ffic.com

Name: JENNIFER FELCH, WORKERS' COMPENSATION SUPERVISOR
Address: 11475 GREAT OAKS WAY, SUITE 200
ALPHARETTA, GA 30022

Tel: 678 393 4057
Fax: 888 864 1453
Email: jennifer.felch@ffic.com

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH PENNSYLVANIA

Name: JANICE M. MOORE, ASST. VICE PRESIDENT
Address: P O BOX 305903
NASHVILLE TN 37230

Tel: 302 765 1635
Fax: 320 765 7806
Email: janicem.moore@aig.com

NATIONWIDE AGRIBUSINESS INSURANCE COMPANY

Name: DENISE HAMILTON, CLAIMS DIRECTOR, COMMERCIAL
Address: NATIONWIDE AGRIBUSINESS INSURANCE COMPANY
1100 LOCUST STREET
DES MOINES, IA 50391

Tel: 515 508 3572
Fax: 515 508 3672
Email: DHAMILTO@NATIONWIDE.COM

Name: JARED HOLTGREWE, P/C PRODUCT MANAGER
Address: NATIONWIDE AGRIBUSINESS INSURANCE COMPANY
1100 LOCUST STREET
DES MOINES, IA 50391

Tel: 515 508 3742
Fax: 515 508 3694
Email: JHOLTGRE@NATIONWIDE.COM

NETHERLANDS INSURANCE COMPANY

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

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

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

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

NEW HAMPSHIRE INSURANCE COMPANY

Name: JANICE MOORE, ASST. VICE PRESIDENT
Address: P O BOX 35903
NASHVILLE TN 37230

Tel: 302 765 1635
Fax: 302 765 7806
Email: janicem.moore@aig.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
Email: 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
Email: mduca@njm.com

NEW JERSEY MANUFACTURERS INSURANCE COMPANY

Name: EDWARD M KERNER, VICE PRESIDENT CLAIMS
Address: 301 SULLIVAN WAY
WEST TRENTON, NJ 08628

Tel: 609 883 1300 ext: 6004
Fax: 609 493 1349
Email: ekerner@njm.com

Name: MARC A DUCA, DIRECTOR
Address: 301 SULLIVAN WAY
WEST TRENTON, NJ 08628

Tel: 609 883 1300 ext: 6003
Fax: 609 493 1274
Email: 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
Email: 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
Email: mduca@njm.com

NEW YORK MARINE AND GENERAL INSURANCE COMPANY

Name: MELISSA KOVACSY, WC CLAIMS MANAGER
Address: 412 MT. KEMBLE AVENUE, SUITE 300C
MORRISTOWN, NJ 07960

Tel: 973 532 1944
Fax: 855 200 1158
Email: mkovacsy@prosightspecialty.com

Name: ASHLEY TOTH, WC CLAIMS REPRESENTATIVE
Address: 412 MT. KEMBLE AVE., SUITE 300C
MORRISTOWN, NJ 07960

Tel: 973 532 1900
Fax: 855 657 1439
Email: atoth@prosightspecialty.com

NEWARK, RC ARCHDIOCESE OF

Name: DONNA WROBEL, ASSISTANT DIRECTOR
Address: 171 CLIFTON AVENUE
NEWARK, NJ 07104

Tel: 973 497 4044
Fax: 973 497 4313
Email: wrobeldo@rcan.org

Name: JOSEPH FRANK, EXECUTIVE DIRECTOR
Address: 171 CLIFTON AVENUE
NEWARK, NJ 07104

Tel: 973 497 4041
Fax: 973 497 4313
Email: frankjoe@rcan.org

NORDSTROM, INC.

Name: SIMONETTA LEVEQUE, WORKERS COMPENSATION SUPERVISOR
Address: P.O. BOX 21865
SEATTLE WA 98111

Tel: 206 303 2501
Fax: 206 303 2789
Email: simonetta.leveque@nordstrom.com

Name: STEVE TOLAN, DIRECTOR OF WORKERS' COMPENSATION
Address: P.O. BOX 21865
SEATTLE WA 98111

Tel: 714 513 4766
Fax: 206 303 2789
Email: steve.tolan@nordstrom.com

NORGUARD INSURANCE COMPANY

Name: HUGH SPIEGELMAN, CLAIMS SUPERVISOR
Address: GUARD INSURANCE GROUP
P.O. BOX 1368
WILKES BARRE, PA 18703

Tel: 800 673 2465
Fax: 570 825 0611
Email: hugh.spiegelman@guard.com

Name: DIANA DUDA MONGO, STAFF ATTORNEY
Address: GUARD INSURANCE GROUP
110 SOUTH JEFFERSON ROAD
WHIPPANY, NJ 07981

Tel: 609 332 9019
Fax: 570 825 2152
Email: diana.mongo@guard.com

NORTH POINTE INSURANCE COMPANY

Name: DAN RUFENACHT, VP WORKERS COMP CLAIMS
Address: ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

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

Name: DAVE PALMER, LEAD CLAIMS COMP ANALYST
Address: ONE GENERAL DRIVE
SUN PRAIRIE WI 53596

Tel: 608 825 5767
Fax:
Email: david.palmer@us.qbe.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
Email: 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
Email: Melissa_Kovacsy@cfins.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
Email: 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
Email: bralphs@aixgroup.com

OAK RIVER INSURANCE COMPANY

Name: KAYLEIGH QUINTERO, CLAIMS MANAGER
Address: BERKSHIRE HATHAWAY HOMESTATE COMPANIES
1314 DOUGLAS STREET
SUITE 100

Tel: 402 952 5156
Fax: 415 675 5469
Email: kquintero@bhhc.com

Name: ADAM YOUNG, CLAIMS SUPERVISOR
Address: BERKSHIRE HATHAWAY HOMESTATE COMPANIES
1314 DOUGLAS STREET
SUITE 100

Tel: 402 952 5142
Fax: 415 675 5469
Email: ayoung@bhhc.com

OBI NATIONAL INSURANCE CO

Name: CINDY VAN EYLL, VP OR WC CLAIMS
Address: 605 N HIGHWAY 169, STE 800
PLYMOUTH MN 55441

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

Name: CHRIS BAER, CLAIM SUPERVISOR
Address: 188 INVERNESS DR WEST
ENGLEWOOD CO 80112

Tel: 781 332 8708
Fax: 866 387 9623
Email: cbaer@onebeacon.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
Email: 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
Email: 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
Email: 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
Email: karen.peinkofer@peerless-ins.com

OLD REPUBLIC GENERAL INSURANCE COMPANY

Name: JAMES A. KOLENDA, ASST. VICE PRESIDENT
Address: 307 N. MICHIGAN AVENUE
CHICAGO, IL 60601

Tel: 312 762 4357
Fax: 312 346 2050
Email: jkolenda@oldrepublic.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
Email: e.stroka@orinsco.com

Name: BETSEY SELLERS, MANAGER
Address: P.O. BOX 2200
GREENSBURG PA 15601

Tel: 724 834 5000
Fax: 724 838 5404
Email: b.sellers@orinsco.com

PACIFIC EMPLOYERS INSURANCE COMPANY

Name: PAM LLEWELLYN, AVP WORKERS' COMPENSATION
Address: ONE BEAVER VALLEY ROAD
SUITE 4-E
WILIMINGTON DE 19803

Tel: 302 476 7255
Fax: 302 476 7858
Email: pamela.llewellyn@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
Email: 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
Email: aherbert@chubb.com

Name: CRAIG FARINA, CLAIMS MANAGER
Address: 15 MOUNTAIN VIEW ROAD
PO BOC 1616
WARREN NJ 07059

Tel: 908 903 5517
Fax: 908 903 5537
Email: cfarina@chubb.com

PARKER HANNIFIN CORPORATION

Name: GARY LIMONCELLI, CLAIMS ADJUSTER
Address: 850 FULTON STREET, SUITE 3
FARMINGDALE, NY 11735

Tel: 516 750 1323
Fax: 516 283 0282
Email: gll@naiclaimsconsulting.com

Name: TERRY BANASZAK, ACCOUNT EXECUTIVE
Address: 1700 EASTPOINT PARKWAY
LOUISVILLE, KY 40223

Tel: 502 244 1343
Fax: 502 426 9185
Email: terryb@uscky.com

PATERSON, RC DIOCESE OF

Name: PATRICIA NAPIER, SR WC CLAIMS SUPERVISOR
Address: P.O. BOX 500
SOMERS POINT, NJ 08244

Tel: 800 367 0138 ext: 2046
Fax: 609 926 8038
Email: tnapier@sciadvantage.com

Name: LINDA DEROUIN, LITIGATED SUPERVISOR
Address: P.O. BOX 500
SOMERS POINT, NJ 08244

Tel: 800 367 0138 ext: 2058
Fax: 609 926 8038
Email: lderouin@sciadvantage.com

PEERLESS INDEMNITY INSURANCE COMPANY

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

Tel: 301 431 6131
Fax: 800 526 0681
Email: todd.gancarz@peerless-ins.com

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

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

PENN MILLERS INSURANCE COMPANY

Name: MARCY MARRA, CLAIMS SUPERVISOR
Address: PENN MILLERS
PO BOX P
WILKES-BARRE PA 18773

Tel: 570 200 1344
Fax: 570 822 2165
Email: 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
Email: khiggins@pennmillers.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
Email: 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
Email: 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
Email: 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
Email: edythe_wittmer@pmagroup.com

PENNSYLVANIA NATIONAL MUTUAL CASUALTY COMPANY

Name: NICOLE CARRUTH, WC TEAM LEADER
Address: P.O. BOX 3880
HARRISBURG, PA 17105

Tel: 800 942 9715 ext: 3555
Fax: 877 942 9715
Email: ncarruth@pnat.com

Name: DARLENE FLEISHER, WC TEAM LEADER
Address: P.O. BOX 3880
HARRISBURG, PA 17105

Tel: 800 942 9715 ext: 3572
Fax: 877 942 9715
Email: dfleisher@pnat.com

PETROLEUM CASUALTY COMPANY

Name: 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: 703 846 2363
Email: 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
Email: alan.rapee@exxonmobile.com

PHARMACISTS MUTUAL INSURANCE COMPANY

Name: KATHLEEN ZILLES, CLAIMS SUPERVISOR
Address: TRISTAR RISK MANAGEMENT
833 CHESTNUT STREET, SUITE 720
PHILADELPHIA, PA 19107

Tel: 814 790 4148
Fax: 215 592 5067
Email: Kathleen.Zilles@tristargroup.net

Name: DANA BRENNAN, CLAIMS SUPERVISOR
Address: TRISTAR RISK MANAGEMENT
833 CHESTNUT STREET, SUITE 720
PHILADELPHIA, PA 19107

Tel: 215 592 5141
Fax: 215 592 5067
Email: Dana.Brennen@tristargroup.net

PHOENIX INSURANCE COMPANY

Name: MARGARET MUIR-O'CONNOR, FIELD PRODUCT LINE MANAGER
Address: 445 SOUTH STREET
MORRISTOWN, NJ 07960

Tel: 973 631 3063
Fax: 877 786 5568
Email: MMUIROCO@travelers.com

Name: TROY TICE, DIRECTOR OF OPERATIONS
Address: 445 SOUTH STREET
MORRISTOWN, NJ 07960

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

PRAETORIAN INSURANCE COMPANY

Name: DAN RUFENACHT, VP WORKERS COMP CLAIMS
Address: ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

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

Name: DAVE PALMER, LEAD CLAIMS COMP ANALYST
Address: ONE GENERAL DRIVE
SUN PRAIRIE WI 53596

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

PREFERRED PROFESSIONAL INSURANCE COMPANY

Name: JAN MOXLEY, WORK COMP CLAIMS MANAGER
Address: CATHOLIC MUTUAL GROUP
10843 OLD MILL ROAD
OMAHA, NE 68154

Tel: 402 551 8765 ext: 2407
Fax: 402 551 2943
Email: jmoxley@catholicmutual.org

Name: JIM BRACKETT, CLAIMS SPECIALIST
Address: CATHOLIC MUTUAL GROUP
10843 OLD MILL ROAD
OMAHA, NE 68154

Tel: 402 551 8765 ext: 2415
Fax: 402 551 2943
Email: jbrackett@catholicmutual.org

PRINCETON UNIVERSITY

Name: LISA ZIMMARO, ESQ., RISK & INSURANCE MANAGER
Address: P.O. BOX 35
2 NEW SOUTH BLDG.
PRINCETON, NJ 08544

Tel: 609 258 3349
Fax: 609 258 3448
Email: lzimmero@princeton.edu

Name: MEGAN ADAMS, ESQ., ASST. TREASURER
Address: P.O. BOX 35
2 NEW SOUTH BLDG.
PRINCETON NJ 08544

Tel: 609 258 2169
Fax: 609 258 3448
Email: adamsm@princeton.edu

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
Email: denise.mcclanahan@cambridge-na.com

Name: CARRIE BOWLING, ADMINISTRATOR
Address: 5299 SPRING GROVE AVENUE
CINCINNATI, OH 45217

Tel: 513 627 7571
Fax: 866 554 0470
Email: bowling.ca@pg.com

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
Email: denise.mcclanahan@cambridge.com

Name: CARRIE BOWLING, ADMINISTRATOR
Address: 5299 SPRING GROVE AVENUE
CINCINNATI, OH 45217

Tel: 513 627 7571
Fax: 866 554 0470
Email: bowling.ca@pg.com

PROTECTIVE INSURANCE COMPANY

Name: DAVID GHESQUIERE, CLAIMS MANAGER
Address: 111 CONGRESSIONAL BLVD
CARMEL, IN 46032

Tel: 317 429 2638
Fax: 317 429 2939
Email: dghesquiere@baldwinandlyons.com

Name: LEA LUNDQUIST, COST CONTAINMENT MANAGER
Address: 111 CONGRESSIONAL BLVD
CARMEL, IN 46032

Tel: 317 429 2668
Fax: 317 429 2669
Email: llundquist@baldwinandlyons.com

PSEG POWER LLC AND SUBSIDIARIES

Name: MELISSA KUCHTYAK, ADMINISTRATIVE SECRETARY
Address: PMA COMPANIES
330 FELLOWSHIP ROAD
SUITE 200

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

Name: JIM JORDAN, A.V.P. CLAIMS
Address: PMA COMPANIES
330 FELLOWSHIP ROAD
SUITE 200

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

PSEG SERVICES CORPORATION

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

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

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

Tel: 856 727 3039
Fax: 846 727 3186
Email: jim_jordan@pmagroup.com

PUBLIC SERVICE ELECTRIC & GAS CO.

Name: MELLISA KUCHTYAK, ADMINISTRATIVE SECRETARY
Address: 330 FELLOWSHIP ROAD
SUITE 200
MT. LAUREL NJ 08084

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

PUBLIC SERVICE INSURANCE COMPANY

Name: NORMAN ROTHSTEIN, AVP WORKERS COMPENSTATION CLAIMS
Address: ONE PARK AVENUE
NEW YORK CITY NY 10016

Tel: 212 591 9321 ext: 9321
Fax: 212 591 9644
Email: nrothstein@mcarta.com

Name: MICHELE WOODSON, MANAGER
Address: ONE PARK AVENUE
NEW YORK CITY NY 10016

Tel: 212 591 9320
Fax: 212 591 9644
Email: mwoodson@mcarta.com

QBE INSURANCE CORPORATION

Name: DAN RUFENACHT, VP WORKERS COMP CLAIMS
Address: ONE GENERAL DRIVE
SUN PRAIRIE, WI 53596

Tel: 608 505 6113
Fax:
Email: daniel.rufenacht@us.qbe.com

Name: DAVE PALMER, LEAD CLAIMS COMP ANALYST
Address: ONE GENERAL DRIVE
SUN PRAIRIE WI 53596

Tel: 608 825 5767
Fax:
Email: david.palmer@us.qbe.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
Email: bcarlino@qbeamericas.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
Email: 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
Email: jim_jordan@pmagroup.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
Email: LKapp@claytonsonline.com

Name: SANDRA DEVITO, CLAIMS ADJUSTER
Address: P.O. BOX 3015
LAKEWOOD, NJ 08701

Tel: 732 751 7662
Fax: 732 751 7619
Email: SDevito@claytonsonline.com

REDWOOD FIRE AND CASUALTY INSURANCE CO

Name: KAYLEIGH QUINTERO, CLAIMS MANAGER
Address: BERKSHIRE HATHAWAY HOMESTATE COMPANIES
1314 DOUGLAS STREET
SUITE 1200

Tel: 402 952 5156
Fax: 415 675 5469
Email: kquintero@bhhc.com

Name: ADAM YOUNG, CLAIMS SUPERVISOR
Address: BERKSHIRE HATHAWAY HOMESTATE COMPANIES
1314 DOUGLAS STREET
SUITE 1200

Tel: 402 952 5142
Fax: 415 675 5469
Email: ayoun@bhhc.com

REPUBLIC-FRANKLIN INSURANCE COMPANY

Name: DIANE SERVELLO, WC SUPERVISOR
Address: P.O. BOX 5310
BINGHAMTON, NY 13902

Tel: 315 235 6619
Fax: 972 301 4211
Email: diane.servello@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
Email: joseph.smith@uticanational.com

RESIDENCE INN BY MARRIOTT, INC.

Name: FAITH FRITZ, CLAIMS MANAGER
Address: MARROTT CLAIMS SERVICES - DC
9737 WASHINGTONIAN BLVD., SUITE 201
GAITHERSBURG, MD 20878

Tel: 301 380 0375
Fax: 301 644 8230
Email: Faith.Fritz@Marriott.com

Name: ELIZABETH M. TOTH, SENIOR DIRECTOR
Address: MARRIOTT CLAIMS SERVICES - DC
9737 WASHINGTONIAN BLVD., SUITE 201
GAITHERSBURG, MD 20878

Tel: 301 380 0341
Fax: 301 644 8230
Email: Beth.Toth@Marriott.com

RIVERPORT INSURANCE COMPANY

Name: MATT MCCOLLEY, VICE PRESIDENT, CLAIMS
Address: 222 S. NINTH STREET, SUITE 1300
MINNEAPOLIS, MN 55402

Tel: 612 766 3306
Fax: 855 999 0788
Email: mmccolley@riverportinsurance.com

Name: DAVID KYLLO, SR. VICE PRESIDENT/SECRETARY
Address: 222 S. NINTH STREET, SUITE 1300
MINNEAPOLIS, MN 55402

Tel: 612 766 3227
Fax: 612 766 3397
Email: dkyлло@riverportinsurance.com

RLI INSURANCE COMPANY

Name: CHRISTINA D. PAGE, CLAIM MANAGER
Address: 9025 N. LINDBERG DRIVE
PEORIA, IL 61615

Tel: 770 754 0100 ext: 2315
Fax: 866 692 6796
Email: Christina.Page@rlicorp.com

ROBERT WOOD JOHNSON UNIV. HOSPITAL

Name: JESSICA BAKALCHUK, SENIOR CLAIMS ADJUSTER
Address: P.O. BOX 309
PISCATAWAY, NJ 08855

Tel: 732 465 7320
Fax: 732 465 7355
Email: JBakalchuk@qualcareinc.com

Name: JUDI BARANOWITZ, BENEFITS MANAGER
Address: 181 SOMERSET STREET
NEW BRUNSWICK, NJ 08901

Tel: 732 937 8811
Fax: 732 937 8774
Email: Judi.Baranowitz@rwjuh.edu

ROCHDALE INSURANCE COMPANY

Name: MAUREEN HILLA, CLAIMS MANAGER
Address: AMTRUST NORTH AMERICA
3 INDEPENDENCY WAY, SUITE 401
PRINCETON NJ 08540

Tel: 609 936 3003
Fax: 609 919 0903
Email: maureen.hilla@amtrustgroup.com

Name: BRIDGET FITZGERALD, CLAIM SUPERVISOR
Address: AMTRUST NORTH AMERICA
3 INDEPENDENCE WAY, SUITE 401
PRINCETON NJ 08540

Tel: 609 243 6710
Fax: 609 919 0903
Email: bridget.fitzgerald@amtrustgroup.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
Email: 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
Email: tim.stanger@sncc.com

SAFETY NATIONAL CASUALTY CORPORATION

Name: DAVID BISHOP, SR. CLAMIS ANALYST
Address: 1832 SCHUETZ ROAD
1832 SCHUETZ ROAD MO 63146

Tel: 314 995 5300
Fax: 314 995 3897
Email: Dave.Bishop@sncc.com

Name: TIM STANGER, REGIONAL MANAGER
Address: 1832 SCHUETZ ROAD
1832 SCHUETZ ROAD MO 63146

Tel: 314 995 5300
Fax: 314 995 3897
Email: Tim.Stanger@sncc.com

SAMSUNG FIRE & MARINE INSURANCE CO LTD

Name: THOMAS A. TROCCHIA, FILING & BUREAU REPORTING MANAGER
Address: 85 CHALLENGER ROAD, 6TH FLOOR
RIDGEFIELD PARK, NJ 07660

Tel: 201 807 6724
Fax: 201 229 6015
Email: trocchia.thomas@samsung.com

Name: STEPHANIE KELLY, CGL CLAIMS MANAGER
Address: 85 CHALLENGER ROAD, 6TH FLOOR
RIDGEFIELD PARK, NJ 07660

Tel: 201 229 6008
Fax: 201 229 6015
Email: st.kelly@samsung.com

SELECTIVE CASUALTY INSURANCE COMPANY

Name: GWEN L. WHITE, AVP, WC REGIONAL CLAIMS MANAGER
Address: SELECTIVE INSURANCE CO. OF AMERICA
3426 TORINGDON WAY, SUITE 200
CHARLOTTE, NC 28277

Tel: 704 916 1732
Fax: 855 883 0604
Email: Gwen.White@selective.com

Name: DEBORAH FOSTER-SMITH, WC CLAIMS SUPERVISOR
Address: SELECTIVE INSURANCE COMPANY OF AMERICA
3426 TORINGDON WAY, SUITE 200
CHARLOTTE, NC 28277

Tel: 704 501 2895
Fax: 855 883 0604
Email: Deborah.Foster-Smith@selective.com

SELECTIVE FIRE & CASUALTY INSURANCE COMPANY

Name: GWEN L. WHITE, AVP, WC REGIONAL CLAIMS MANAGER
Address: SELECTIVE INSURANCE COMPANY OF AMERICA
3426 TORINGDON WAY, SUITE 200
CHARLOTTE, NC 28277

Tel: 704 916 1732
Fax: 855 883 0604
Email: Gwen.White@selective.com

Name: DEBORAH FOSTER-SMITH, WC CLAIMS SUPERVISOR
Address: SELECTIVE INSURANCE CO. OF AMERICA
3426 TORINGDON WAY, SUITE 200
CHARLOTTE, NC 28277

Tel: 704 501 2895
Fax: 855 883 0604
Email: Deborah.Foster-Smith@selective.com

SELECTIVE INSURANCE CO OF NEW ENGLAND

Name: GWEN L. WHITE, AVP, WC REGIONAL CLAIMS MANAGER
Address: SELECTIVE INSURANCE CO. OF AMERICA
3426 TORINGDON WAY, SUITE 200
CHARLOTTE, NC 28277

Tel: 704 916 1732
Fax: 855 883 0604
Email: gwen.white@selective.com

Name: DEBORAH FOSTER-SMITH, WC CLAIMS SUPERVISOR
Address: SELECTIVE INSURANCE CO. OF AMERICA
3426 TORINGDON WAY, SUITE 200
CHARLOTTE, NC 28277

Tel: 704 501 2895
Fax: 855 883 0604
Email: deborah.foster-smith@selective.com

SELECTIVE INSURANCE COMPANY OF AMERICA

Name: GWEN WHITE, REGIONAL CLAIMS MANAGER
Address: 3426 TORINGDON WAY
SUITE 200
CHARLOTTE, NC 28277

Tel: 704 916 1732
Fax: 855 883 0604
Email: gwen.white@selective.com

Name: DEBORAH FOSTER-SMITH, SUPERVISOR
Address: 3426 TORINGDON WAY
SUITE 200
CHARLOTTE, NC 28277

Tel: 704 501 2895
Fax: 855 883 0604
Email: deborah.foster-smith@selective.com

SELECTIVE INSURANCE COMPANY OF SOUTH CAROLINA

Name: GWEN WHITE, REGIONAL CLAIMS MANAGER
Address: 3426 TORINGDON WAY
SUITE 200
CHARLOTTE, NC 28277

Tel: 704 916 1732
Fax: 855 883 0604
Email: gwen.white@selective.com

Name: DEBORAH FOSTER-SMITH, SUPERVISOR
Address: 3426 TORINGDON WAY
SUITE 200
CHARLOTTE, NC 28277

Tel: 704 501 2895
Fax: 855 883 0604
Email: deborah.foster-smith@selective.com

SELECTIVE WAY INSURANCE COMPANY

Name: GWEN WHITE, REGIONAL CLAIMS MANAGER
Address: 3426 TORINGDON WAY
SUITE 200
CHARLOTTE, NC 28277

Tel: 704 916 1732
Fax: 855 883 0604
Email: gwen.white@selective.com

Name: DEBORAH FOSTER-SMITH, SUPERVISOR
Address: 3426 TORINGDON WAY
SUITE 200
CHARLOTTE, NC 28277

Tel: 704 501 2895
Fax: 855 883 0604
Email: deborah.foster-smith@selective.com

SENTINEL INSURANCE COMPANY LTD

Name: KEVIN ZACCHIA, CLAIM DIRECTOR
Address: 300 SOUTH STATE STREET
SYRACUSE, NY 13202

Tel: 315 385 5255
Fax: 888 459 1629
Email: Kevin.Zacchia@thehartford.com

Name:
Address:

Tel:
Fax:
Email:

SENTRY CASUALTY COMPANY

Name: JOAN KLOPF, CLAIMS MANAGER
Address: 3 CARLISLE ROAD
P.O. BOX 584
WESTFORD, MA 01886

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

Name: KARRI ERBES, CLAIMS MANAGER
Address: 1421 STRONGS AVENUE
PO BOX 8032
STEVENS POINT, WI 54481

Tel: 715 346 9311
Fax: 715 346 9708
Email: karri.erbess@sentry.com

SENTRY INSURANCE COMPANY A MUTUAL COMPANY

Name: JOAN KLOPF, CLAIMS MANAGER
Address: 3 CARLISLE ROAD
PO BOX 584
WESTFORD MA 01886

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

Name: KARRI ERBES, CLAIMS MANAGER
Address: 1421 STRONGS AVENUE
PO BOX 8032
STEVEN POINT WI 54481

Tel: 715 346 9311
Fax: 715 346 9708
Email: karry.erbess@sentry.com

SENTRY SELECT INSURANCE COMPANY

Name: JOAN KLOPF, CLAIMS MANAGER
Address: 3 CARLISLE ROAD
PO BOX 584
WESTFORD MA 01866

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

Name: KARRI ERBES, CLAIMS MANAGER
Address: 1421 STRONGS AVENUE
PO BOC 8032
STEVEN POINT WI 54481

Tel: 715 346 9311
Fax: 715 346 9708
Email: karri.erbess@sentry.com

SHERWIN-WILLIAMS CO.

Name: ANTHONY J COLANGELO, MANAGER
Address: 101 PROSPECT AVENUE N.W.
CLEVELAND OH 44115

Tel: 216 566 3095
Fax: 216 566 1745
Email: ajcolangelo@sherwin.com

Name: MATT FLYNN, ANALYST & SAFETY
Address: 101 PROSPECT AVENUE N.W.
CLEVELAND OH 44115

Tel: 216 566 3717
Fax: 216 830 0661
Email: matt.g.flynn@sherwin.com

SHORE MEMORIAL HOSPITAL

Name: KATHLEEN T NUNZI, BENEFITS ADMINISTRATOR
Address: SHORE ROAD & NEW YORK AVENUE
SOMERS POINT NJ 08244

Tel: 609 653 4533
Fax: 609 601 6354
Email: knunzi@shorememorial.com

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

Tel: 732 613 1600
Fax: 732 613 9328
Email: mikesal226@aol.com

SIMON & SCHUSTER, INC.

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

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

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

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

SOMPO JAPAN INSURANCE COMPANY OF AMERICA

Name: MIKE SPRAGUE, ASSISTANT MANAGER OF CLAIMS
Address: 2 WORLD FINANCIAL CENTER 43RD FL.
225 LIBERTY STREET
NEW YORK NY 10281

Tel: 212 416 1336
Fax: 212 416 1283
Email: msprague@sompo-japan-us.com

Name: SANDRA BARRETT, TEAM MANAGER
Address: 100 PASSAIC AVENUE
SUITE 104
FAIRFIELD NJ 07004

Tel: 973 439 6734
Fax: 973 227 5746
Email: sandra.barrett@choosebroadspire.com

ST. PETERS UNIVERSITY HOSPITAL

Name: DIANE SPECTOR, MANAGER-EMPLOYER HEALTH SERVICES
Address: 254 EASTON AVENUE
NEW BRUNSWICK NJ 08901

Tel: 732 745 8600 ext: 8907
Fax: 732 220 8564
Email: dspector@saintpetersuh.com

Name: JANET HUNTER-WILSON, DIRECTOR COMPENSATION & BENEFITS
Address: 254 EASTON AVENUE
NEW BRUNSWICK NJ 08901

Tel: 732 745 8600
Fax: 732 220 8046
Email: jhunter@saintpetersuh.com

STAR INSURANCE COMPANY

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

Tel: 248 204 8149
Fax: 248 692 0432
Email: 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
Email: 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
Email: 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
Email: JBurke@Berleynet.com

STARR INDEMNITY AND LIABILITY COMPANY

Name: MIRIAM ELLIOTT, CLAIMS MANAGER
Address: 399 PARK AVENUE
NEW YORK CITY, NY 10022

Tel: 646 227 6563
Fax: 631 685 6775
Email:

Name: RICHARD HILBIG, CLAIMS MANAGER
Address: 399 PARK AVENUE
NEW YORK CITY, NY 10022

Tel: 215 399 2902
Fax:
Email:

STATE FARM FIRE & CASUALTY COMPANY

Name: ANTHONY LEEPER, CLAIM TEAM MANAGER
Address: 1 STATE FARM DR
CONCORDVILLE PA 19339

Tel: 610 358 7683
Fax: 610 358 8528
Email: anthony.leeper.g2vy@statefarm.com

Name: JOHN BURLING, CLAIM TEAM MANAGER
Address: 1 STATE FARM DR
CONCORDVILLE PA 19339

Tel: 610 358 7292
Fax: 610 358 8528
Email: john.burling.c87n@statefarm.com

STATE NATIONAL INSURANCE COMPANY INC

Name: TERESA CINELLI, COMPLIANCE COORDINATOR
Address: 1900 L. DON DODSON DRIVE
BEDFORD, TX 76021

Tel: 800 877 4567
Fax: 877 290 7001
Email: tcinelli@statenational.com

Name: SCOTT FOX, COMPLIANCE COORDINATOR
Address: 1900 L. DON DODSON DRIVE
BEDFORD, TX 76021

Tel: 800 877 4567
Fax: 877 290 7001
Email: sfox@statenational.com

SUEZ WATER NEW JERSEY INC

Name: PAUL SOKOL, DIRECTOR - INSURANCE
Address: 200 OLD HOOK ROAD
HARRINGTON PARK, NJ 07640

Tel: 201 767 2898
Fax: 201 767 2839
Email: Paul.Sokol@Unitedwater.com

THE INSURANCE COMPANY

Name: STEVEN CANNON, CLAIM MANAGER
Address: 2540 ROUTE 130
CRANBURY NJ 08512

Tel: 609 495 0312
Fax: 609 495 9048
Email: steven.cannon@REMLTD.com

Name: STEPANIE JAMES, CLAIM SUPERVISORQ
Address: 2540 ROUTE 130
CRANBURY NJ 08512

Tel: 570 420 8247
Fax: 570 420 3248
Email: stephanie.james@REMLTD.com

TARGET CORPORATION

Name: MARCIA OSBORN, CLAIMS TEAM LEAD
Address: SEDGWICK
P.O. BOX 14491
LEXINGTON, KY 40512

Tel: 410 773 4258
Fax: 410 773 4221
Email: Marcia.Osborn@Sedgwickcms.com

Name: JANET COHEN, CLAIMS TEAM LEAD - ASST.
Address: SEDGWICK
P.O. BOX 14491
LEXINGTON, KY 40512

Tel: 410 773 4258
Fax: 410 773 4221
Email: Janet.Cohen@Sedgwickcms.com

TECHNOLOGY INSURANCE COMPANY INC

Name: MAUREEN HILLA, CLAIMS MANAGER
Address: 3 INDEPENDENCE WAY, STE 401
PRINCETON NJ 08540

Tel: 609 936 3003
Fax: 609 919 0903
Email: maureen.hilla@amtrustgroup.com

Name: BRIDGET FITZGERALD, CLAIM SUPERVISOR
Address: 3 INDEPENDENCE WAY, STE 401
PRINCETON NJ 08540

Tel: 609 243 6710
Fax: 609 919 0903
Email: bridget.fitzgerald@amtrustgroup.com

TNUS INSURANCE COMPANY

Name: ROBERT C. HUBBUCH, SENIOR MANAGER
Address: 230 PARK AVENUE
NEW YORK, NY 10169

Tel: 212 297 6942
Fax: 212 297 6692
Email: robert.hubbuch@tokiom.com

Name: TYESHA LOWE, WC CLAIMS SUPERVISOR
Address: 230 PARK AVENUE
NEW YORK, NY 01069

Tel: 212 297 6606
Fax: 212 297 6692
Email: tyesha.lowe@tokiom.com

TOKIO MARINE AMERICA INSURANCE CO

Name: ROBERT C. HUBBUCH, SENIOR MANAGER
Address: 230 PARK AVENUE
NEW YORK, NY 10169

Tel: 212 297 6942
Fax: 212 297 6692
Email: robert.hubbuch@tokiom.com

Name: TYESHA LOWE, WC CLAIMS SUPERVISOR
Address: 230 PARK AVENUE
NEW YORK, NY 10169

Tel: 212 297 6606
Fax: 212 297 6692
Email: tyesha.lowe@tokiom.com

TOWNEPLACE MANAGEMENT CORPORATION

Name: FAITH FRITZ, CLAIMS MANAGER
Address: 9737 WASHINGTONIAN BLVD., SUITE 201
GAITHERSBURG, MD 20878

Tel: 301 380 0375
Fax: 301 644 8230
Email: Faith.Fritz@Marriott.com

Name: ELIZABETH TOTH, SENIOR DIRECTOR
Address: MARRIOTT CLAIMS SERVICES - DC
9737 WASHINGTONIAN BLVD., SUITE 201
GAITHERSBURG, MD 20878

Tel: 301 380 0341
Fax: 301 644 8230
Email: Beth.Toth@Marriott.com

TOYS "R" US, INC.

Name: ELIZABETH NOVEDOMSKY, MANAGER, RISK MANAGEMENT
Address: ONE GEOFFREY WAY
WAYNE, NJ 07470

Tel: 973 617 3286
Fax: 973 617 3070
Email: elizabeth.nevedomsky@toysRus.com

TRANS PACIFIC INSURANCE COMPANY

Name: ROBERT C. HUBBUCH, SENIOR MANAGER
Address: 230 PARK AVENUE
NEW YORK, NY 10169

Tel: 212 297 6942
Fax: 212 297 6692
Email: robert.hubbuch@tokiom.com

Name: TYESHA LOWE, WC CLAIMS SUPERVISOR
Address: 230 PARK AVENUE
NEW YORK, NY 10169

Tel: 212 297 6606
Fax: 212 297 6692
Email: tyesha.lowe@tokiom.com

TRANSGUARD INSURANCE COMPANY OF AMERICA INC

Name: CHRISTY SKALLAS, CLAIMS MANAGER
Address: 215 SHUMAN BLVD.
SUITE 400
NAPERVILLE IL 60563

Tel: 630 864 3450
Fax: 630 864 3583
Email: 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
Email: dan.bell@transguard.com

TRANSPORTATION INSURANCE COMPANY

Name: DIANE WEBER, CLAIM MANAGER
Address: CNA
401 PENN STREET
READING, PA 19601

Tel: 610 320 4254
Fax: 312 260 6876
Email: diane.weber@cna.com

Name: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
Address: CNA
333 S. WABASH AVE., 39S
CHICAGO, IL 60604

Tel: 312 822 4751
Fax: 312 260 6320
Email: elizabeth.sieks@cna.com

TRAVELERS IMDEMNITY COMPANY

Name:
Address: BB&T BOYLE VAUGHAN INSURANCE
2000 CENTER POINT ROAD
SUITE 2400, P.O. BOX 8628

Tel: 803 748 0100
Fax: 877 467 7204
Email:

TRAVELERS INDEMNITY COMPANY OF AMERICA

Name: MARGARET MUIR-O'CONNOR, FIELD PRODUCT LINE MANAGER
Address: 445 SOUTH STREET
MORRISTOWN, NJ 07960

Tel: 973 631 3063
Fax: 877 786 5568
Email: MMUIROCO@travelers.com

Name: TROY TICE, DIRECTOR OF OPERATIONS
Address: 445 SOUTH STREET
MORRISTOWN, NJ 07960

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

TRENTON, RC DIOCESE OF

Name: JOSEPH BIANCHI, SPHR, DIRECTOR OF ADMINISTRATIVE SERVICES
Address: 701 LAWRENCEVILLE ROAD
TRENTON, NJ 08638

Tel: 609 406 7400
Fax: 609 406 7450
Email: jbianc@dioceseoftrenton.org

Name: ANGELINA CANNADY, ADMINISTRATIVE ASSISTANT
Address: 701 LAWRENCEVILLE ROAD
TRENTON, NJ 08638

Tel: 609 406 7400
Fax: 609 406 7450
Email: acanna@dioceseoftrenton.org

TRINITAS REGIONAL MEDICAL

Name: PATRICIA THIEL, DIRECTOR
Address: 225 WILLIAMSON STREET
ELIZABETH, NJ 07202

Tel: 908 994 5378
Fax: 908 994 5623
Email: pthiel@trinitas.org

Name: RHONDA HARTLEY, R.N.
Address: 225 WILLIAMSON STREET
ELIZABETH, NJ 07202

Tel: 908 994 5726
Fax: 908 994 5623
Email: rhartley@trinitas.org

TRUCK INSURANCE EXCHANGE

Name: BLAKE ILES, WC CLAIMS TEAM LEADER
Address: FARMERS INSURANCE
2245 SEQUOIA DRIVE, SUITE 100, 1ST FLOOR
AURORA, IL 60506

Tel: 630 907 4351
Fax: 630 907 2428
Email: blake.iles@farmersinsurance.com

Name: TAMMY LEE, WC CLAIM MANAGER
Address: FARMERS INSURANCE
15700 LONG VISTA DRIVE
AUSTIN, TX 78728

Tel: 512 533 8388
Fax: 512 533 8398
Email: tammy.lee@farmersinsurance.com

TRUMBULL INSURANCE COMPANY

Name: MICHELLE NOBLE, QUALITY SPECIALIST
Address: 300 SOUTH STATE STREET
SYRACUSE, NY 13202

Tel: 315 385 6400
Fax: 877 664 8376
Email: Michelle.Noble@thehartford.com

Name:
Address:

Tel:
Fax:
Email:

TWIN CITY FIRE INSURANCE COMPANY

Name: MICHELLE NOBLE, QUALITY SPECIALIST
Address: 300 SOUTH STATE STREET
SYRACUSE, NY 13202

Tel: 315 385 6400
Fax: 877 664 8376
Email: Michelle.Noble@thehartford.com

Name:
Address:

Tel:
Fax:
Email:

UNITED STATES FIRE INSURANCE CO

Name: ARLENE LYONS, WC MANAGER
Address: 305 MADISON AVENUE
MORRISTOWN, NJ 07962

Tel: 973 490 6016
Fax: 877 622 6197
Email: Arlene_Lyons@cfins.com

Name: MELISSA KOVACSY, ASST. VP
Address: 305 MADISON AVENUE
MORRISTOWN, NJ 07962

Tel: 973 490 6690
Fax: 877 622 6197
Email: Melissa_Kovacsy@cfins.com

UNITED WISCONSIN INSURANCE COMPANY

Name: LEE AUBEK, DIRECTOR OF FIELD CLAIMS
Address: 15200 W. SMALL ROAD
NEW BERLIN, WI 53151

Tel: 262 787 7508
Fax: 262 787 7509
Email: lee.zubek@unitedheartland.biz

Name: DEBBIE JASKOLSKI, DIRECTOR OF CLAIMS
Address: 15200 W. SMALL ROAD
NEW BERLIN, WI 53151

Tel: 262 787 7689
Fax: 262 825 7429
Email: debbie.jaskolski@unitedheartland.biz

UTICA MUTUAL INSURANCE COMPANY

Name: DIANE SERVELLO, WC SUPERVISOR
Address: P.O. BOX 5310
BINGHAMTON, NY 13902

Tel: 315 235 6619
Fax: 972 301 4211
Email: diane.servello@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
Email: joseph.smith@uticanational.com

VALLEY FORGE INSURANCE COMPANY

Name: DIANE WEBER, CLAIM MANAGER
Address: CNA
401 PENN STREET
READING, PA 19601

Tel: 610 320 4254
Fax: 312 260 6876
Email: diane.weber@cna.com

Name: ELIZABETH SIEKS, WC OPERATIONS ANALYSIS CONSULTING DIRECTOR
Address: CNA
333 S. WABASH AVE., 39S
CHICAGO, IL 60604

Tel: 312 822 4751
Fax: 312 260 6320
Email: elizabeth.seiks@cna.com

VALLEY HOME CARE INC

Name: PEG MEYERSBURG, DIRECTOR, EMPLOYEE HEALTH SERVICE
Address: 15 ESSEX ROAD
PARAMUS, NJ 07652

Tel: 201 291 6436
Fax: 201 291 6125
Email: pmeyers@valleyhealth.com

Name: MARION KARRAN, MANAGER, EMPLOYEE HEALTH SERVICE
Address: 15 ESSEX ROAD
PARAMUS, NJ 07652

Tel: 201 291 6436
Fax: 201 291 6125
Email: mkarran@valleyhealth.com

VALLEY PHYSICIANS SERVICES INC

Name: KAREN SOSNOWSKI, DIRECTOR, TOTAL REWARDS & HR TECHNOLOGY
Address: 223 NORTH VAN DIEN AVENUE
RIDGEWOOD, NJ 07450

Tel: 201 291 6336
Fax: 201 291 6290
Email: ksosnow@valleyhealth.com

Name: BARBARA SCHULTZ, DIRECTOR EMPLOYEE HEALTH & WELLNESS
Address: 223 NORTH VAN DIEN AVENUE
RIDGEWOOD, NJ 07450

Tel: 201 291 6436
Fax: 201 291 6437
Email: bschult@valleyhealth.com

VANLINER INSURANCE COMPANY

Name: COLLEEN SHEPHERD, CLAIMS DIRECTOR
Address: ONE PREMIER DRIVE
ST. LOUIS, MO 63026

Tel: 800 325 3619 ext: 3682
Fax: 636 326 0403
Email: colleen.shepherd@vanliner.com

Name: STEVE WINBORN, VICE PRESIDENT OF OPERATIONS
Address: ONE PREMIER DRIVE
ST. LOUIS, MO 63026

Tel: 800 325 3619 ext: 3854
Fax: 636 326 0403
Email: steve.winborn@vanliner.com

VIRTUA HEALTH, INC. & SUBS.

Name: KELLY SOBON, WC ADMINISTRATOR
Address: VIRTUA HEALTH
1200 HOWARD BLVD, STE 200
MT LAUREL NJ 08054

Tel: 856 761 3857
Fax: 856 762 2782
Email: ksobon@virtua.org

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

Tel: 800 367 0138 ext: 2046
Fax: 856 926 8038
Email: tnapier@qual-lynx.com

WEGMANS FOOD MARKETS, INC.

Name: ANNETTE DELAHOKE, WC ANALYST
Address: P.O. BOX 30844
ROCHESTER, NY 14603

Tel: 585 429 3276
Fax: 585 429 3312
Email: annette.delahooke@wegmans.com

Name: CATHY L DAVIES, WCIDB SUPERVISOR
Address: P.O. BOX 30844
ROCHESTER, NY 14603

Tel: 585 429 3860
Fax: 585 429 3312
Email: cathy.davies@wegmans.com

WESCO INSURANCE COMPANY

Name: MAUREEN HILLA, CLAIMS MANAGER
Address: AMTRUST NORTH AMERICA
3 INDEPENDENCE WAY, SUITE 401
PRINCETON NJ 08540

Tel: 609 936 3003
Fax: 609 919 0903
Email: maureen.hilla@amtrustgroup.com

Name: BRIDGET FITZGERALD, CLAIM SUPERVISOR
Address: AMTRUST NORTH AMERICA
3 INDEPENDENCE WAY, SUITE 401
PRINCETON, NJ 08540

Tel: 609 243 6710
Fax: 609 919 0903
Email: bridget.fitzgerald@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
Email: todd.gancarz@peerless-ins.com

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

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

WHITE CASTLE SYSTEM, INC.

Name: SAMANTHA WALGATE, SPECIALTY RISK SERVICES
Address: 303 LIPPINCOTT CENTER
SUITE 303
MARLTON NJ 08053

Tel: 800 630 0746 ext: 54486
Fax: 860 293 0778
Email: samantha.walgate@srsconnect.com

Name: WILLIAM SELIGA, DIRECTOR-RISK MANAGEMENT
Address: 555 WEST GOODALE STREET
COLUMBUS OH 43215

Tel: 614 559 2700
Fax: 614 559 2757
Email: seligab@whitecastle.com

WORK FIRST CASUALTY COMPANY

Name: STEPHANIE KORAB, COMPLIANCE OFFICER
Address: 1100 E 6600 SOUTH, STE 260
SALT LAKE CITY UT 84121

Tel: 302 477 1710
Fax: 302 477 1710
Email: skorab@workfirstcasualty.com

Name: DEBBIE NOWAK, VP CLAIMS & LOSS PREVENTION
Address: 2636 BIEHN STREET
KLAMATH FALLS OR 97601

Tel: 541 882 1090
Fax: 541 882 1090
Email: 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
Email: 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:
Email: bryan.sanders@xlgroup.com

XL SPECIALTY INSURANCE COMPANY

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

Tel: 847 517 2363
Fax: 847 517 2314
Email: 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:
Email: Bryan.Sanders@xlgroup.com

ZENITH INSURANCE COMPANY

Name: FRANK PERPIGLIA, ASST. VICE PRESIDENT, CLAIMS
Address: 301 E. GERMANTOWN PIKE, 2ND FLOOR
EAST NORRITON, PA 19401

Tel: 484 622 2911
Fax: 800 364 0443
Email: fperpiglia@thezenith.com

Name: ROBERT SANDOW, CLAIMS, TECHNICAL SPECIALIST
Address: 301 E. GERMANTOWN PIKE, 2ND FLOOR
EAST NORRITON, PA 19401

Tel: 484 622 2914
Fax: 800 364 0443
Email: rsandow@thezenith.com

ZNAT INSURANCE COMPANY

Name: FRANK PERPIGLIA, AVP, CLAIMS
Address: ZENITH INSURANCE COMPANY
P.O. BOX 1558
SARASOTA, FL 34230

Tel: 484 672 2911
Fax: 484 622 6911
Email: FPerpiglia@TheZenith.com

Name: BOB SANDOW, CLAIMS SUPERVISOR
Address: ZENITH INSURANCE COMPANY
P.O. BOX 1558
SARASOTA, FL 34230

Tel: 484 622 2914
Fax: 484 622 6914
Email: RSandow@theZenith.com

ZURICH AMERICAN INSURANCE COMPANY

Name: BRIAN M. DOOLEY, ASST. VICE PRESIDENT
Address: 300 INTERPACE PARKWAY
MORRIS CORPORATE 1, BLDG. B/C
PARSIPPANY, NJ 07054

Tel: 973 394 5281
Fax: 973 394 5260
Email: Brian.Dooley@zurichna.com

Name: RONALD TANELLI, TEAM MANAGER-WC
Address: 300 INTERPACE PARKWAY
MORRIS CORPORATE 1, BLDG. B/C
PARSIPPANY, NJ 07054

Tel: 973 394 5242
Fax: 973 394 5260
Email: Ronald.Tanelli@Zurichna.com