

For the Period: 1/1/2020 TO 1/29/2024

Company Name: UNM Sandoval Regional Medical Center

Policy Number: GL-159859

Name of Insured	Claim Number	Received	Paid Amount
MARQUEZ, J	2021-02-03-0930-GL-01-03	02/03/2021	\$20,000.00
LOGAN, B	2020-07-20-0538-GL-01-02	07/20/2020	\$253,512.90
PETROFF, N	2021-02-12-0395-GL-01-02	02/12/2021	\$50,445.10
BRITZ-STANLEY, M	2022-01-18-0138-GL-01-02	01/18/2022	\$122,280.28
VALENCIA, E	2020-04-21-0079-GL-01-01	04/21/2020	\$66,000.00
GALLUZZI, N	2022-07-11-0453-GL-01-02	07/11/2022	\$200,000.00
MARQUEZ, J	2021-02-03-0930-GL-01-02	02/03/2021	\$48,000.00
LOGAN, B	2020-07-20-0538-GL-01-01	07/20/2020	\$70,983.62
GALLUZZI, N	2022-07-11-0453-GL-01-01	07/11/2022	\$61,000.00
Total for policy GL-159859 :			\$892,221.90

Life Paid Amount Figure : \$892,221.90

Total Paid Amount Figure : \$892,221.90

Total Claim Count: 6

Overall Total *: \$892,221.90

** The overall total DOES NOT reflect any open reserve liability for your accounts. Please contact your Regional Sales Office for additional information.*

The data provided is for informational purposes. Disclosure of this confidential data beyond persons designated herein is prohibited under applicable Insurance Information and Privacy laws.