



September 29, 2011

State of California
Department of Industrial Relations
Self-Insurance Plans
2265 Watt Avenue, Suite 1
Sacramento, CA 95825

Attention: Tina Freese, Workers' Compensation Compliance Officer

RE: Public Self-Insurer's Annual Report for 2010/11

Dear Ms. Freese:

Please find enclosed two original copies of the public self-insurer's annual report for the Community College of San Francisco for 2010/11.

If you have any questions regarding this report, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Priscilla Morse".

Priscilla H. Morse
Director of Workers' Compensation
City and County of San Francisco
415/701-5848

NOTE: Complete both sides of this page for ALL annual reports

State of California
Department of Industrial Relations
Self Insurance Plans
2265 Watt Avenue, Suite 1
Sacramento, CA 95825
Web site <http://sip.dir.ca.gov>
E-mail: sip@dir.ca.gov



PUBLIC SELF INSURER'S ANNUAL REPORT

I. GENERAL-To be completed by the employer

1. CERTIFICATE NUMBER:

A-7578-01-099

Active Revoked

2. PERIOD OF REPORT:

Full Year Interim/Amended Report for the Period of:

From Date (mm/dd/yy)

To Date (mm/dd/yy)

3. NAME OF MASTER CERTIFICATE HOLDER

NAME San Francisco Community College District

FEDERAL TAX ID. NUMBER

ADDRESS 33 Gough St

94-1721925

CITY San Francisco

STATE CA

ZIP +4 94103

4. TYPE OF PUBLIC AGENCY:

CITY/COUNTY

POLICE/FIRE

TRANSIT

SCHOOL

HOSPITAL

OTHER

5. During the period of this report, has there been any of the following with respect to the master certificate holder, subsidiary, affiliate, JPA's or its member agencies?

A merger or unification?

Yes

No

Changes in name or identify

Yes

No

Any addition to Self Insurance Program?

Yes

No

If yes, explain:

6. TOTAL EMPLOYMENT AND WAGES PAID IN FISCAL YEAR 2010-2011 FOR THIS SELF INSURER:

(a) NUMBER OF EMPLOYEES 3,011

(Number of individual employees listed on for DE-6 for year ending June 30, 2011)

(b) TOTAL WAGES AND SALARIES PAID \$ 154,352,953

(As reported on EDD Form DE-6 Line M for all four quarters)

7. TO WHOM DO YOU WANT CORRESPONDENCE ADDRESSED?

TITLE Vice Chancellor FIRST NAME Peter

MI | LAST Goldstein

COMPANY NAME: San Francisco Community College District

ADDRESS: 33 Gough Street

CITY: San Francisco

STATE: Ca

ZIP+4: 94103

PHONE: (415) 701-5848

FAX: (415) 701-5837

E-MAIL ADDRESS: PGoldstein@ccsf.edu

8. CERTIFICATION BY AGENCY OFFICIAL:

I declare under the penalty of perjury that I have examined this Self Insurer's Annual Report and to the best of my knowledge and believe it is true, correct and complete.

SIGNATURE (Original Only):

DATE: 10/03/11

TYPED NAME: Peter Goldstein

AGENCY NAME: San Francisco Community College District

STREET ADDRESS: 33 Gough Street

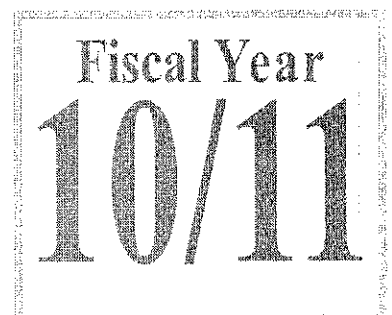
CITY: San Francisco

STATE: CA

ZIP+4: 94103

PHONE: (415) 241-2229

FAX: (415) 241-2344



ANNUAL REPORT IS DUE OCTOBER 1, 2011

5. (Continued)

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9. List the full legal names of each separate affiliate member whose liabilities are being reported under this annual report, the certificate number of each such member.

Full Legal Name

Affiliate Certificate No.

NOTE 1: Add additional page(s) to list additional members, is necessary.

NOTE 2: If more than one claims administrator is used, then liabilities must be reported separately for each claims adjusting location using a Liabilities by Reporting Location page.

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NOTE: Self Insured Employer
Complete this page on ALL reports.

RECORDS STORAGE

1. Are claim records stored at any location other than with the current administrator?

Yes No If yes, Where? Pleasanton, CA

A. Agency Name Access Information Management

C. Agency Name

Address 205 Main Street

Address

City Pleasanton State CA

City State

Zip+4 94566 Phone

Zip+4 Phone

B. Agency Name

D. Agency Name

Address

Address

City State

City State

Zip+4 Phone

Zip+4 Phone

INSURANCE COVERAGE

1. Are any of your workers' compensation liabilities in California during the reporting period covered by a standard workers' compensation insurance policy?

Yes No If Yes:

1. Name of Insurance Company:

Policy Number:

Policy Issue Date:

2. Name of Insurance Company:

Policy Number:

Policy Issue Date:

2. Are any of your workers' compensation liabilities in California during the reporting period covered by a specific excess workers' compensation insurance policy?

Yes No If Yes:

1. Name of Carrier: Arch Insurance Group

Policy Number: WCX 0034256 01

Policy Issue Date: 07/01/10

Retention Limit: 500,000

2. Name of Carrier:

Policy Number:

Policy Issue Date:

Retention Limit:

3. Do you carry an aggregate (stop loss) workers' compensation insurance policy?

Yes No If Yes:

1. Name of Carrier:

Policy Number:

Policy Issue Date:

Retention Limit:

2. Name of Carrier:

Policy Number:

Policy Issue Date:

Retention Limit:

OPEN INDEMNITY CLAIMS

A. Attach a list of ALL Open Indemnity Claims by reporting location and by year reported and with claims in alphabetical order, or a computer prepared printout organized in the same format.

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NOTE: Claims Administrator
Complete this page for ALL reports



II. LIABILITIES BY REPORTING LOCATION

Reporting Location Nos.: A-7578-01-099

Name of Master Certificate Holder: San Francisco Community College District

Type of Report:

Original Report (Due October 1 each year) Amended Report for the Period of: Interim Report

A. CASES AND BENEFITS (to nearest dollar)		From Date (mm/dd/yy)	To Date (mm/dd/yy)	Incurred Liability		Paid to Date		Future Liability	
	Number			\$ Indemnity	\$ Medical	\$ Indemnity	\$ Medical	\$ Indemnity	\$ Medical
1. Cases open as of 6/30/2011 reported prior to FY 2006-07	38			2,277,312	3,109,505	1,942,928	2,590,419	334,384	519,086
2. Open & Closed Cases:									
a. FY 2006-07 Total Cases Reported	54			642,610	409,504	560,739	326,227		
FY 2006-07 Cases open	4			269,256	234,000	187,385	150,723	81,871	83,277
b. FY 2007-08 Total Cases Reported	83			139,450	229,226	118,394	149,699		
FY 2007-08 Cases Open	7			100,484	161,353	79,428	81,826	21,056	79,527
c. FY 2008-09 Total Cases Reported	73			427,379	519,532	364,397	359,259		
FY 2008-09 Cases Open	13			402,619	468,499	339,637	308,226	62,982	160,273
d. FY 2009-10 Total Cases Reported	46			87,861	117,334	77,996	71,596		
FY 2009-10 Cases Open	8			74,711	81,445	64,846	35,707	9,865	45,738
e. FY 2010-11 Total Cases Reported	67			277,369	437,916	143,804	289,840		
FY 2010-11 Cases Open	34			264,839	418,431	131,274	270,355	133,565	148,076
								\$ Indemnity	\$ Medical
SUBTOTAL								643,723	1,035,977
3. ESTIMATED FUTURE LIABILITY (Indemnity plus Medical) TOTAL								1,679,700	
								\$ Indemnity	\$ Medical
								455,729	708,069
4. Total Benefits paid during FY 2010-11 (including all case expenditures):									
5. Number of MEDICAL-ONLY cases reported in FY 2010-11:									
6. Number of INDEMNITY cases reported in FY 2010-11:									
7. TOTAL of 5 and 6 (also entered in 2e above):									
8. TOTAL number of open indemnity cases (all years):									
9. Number of Fatality cases reported in FY 2010-11									
10. (a) Number of FY 2010-11 claims for which the employer or administrator was notified of representation by an attorney or legal representative in FY 2010-11:									
10. (b) Number of non-FY 2010-11 claims for which the employer or administrator was notified of representation by an attorney or legal representative in FY 2010-11:									

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A. NAME OF ADMINISTRATOR(S)/ADMINISTRATING AGENCY(IES) SUBMITTING THIS REPORT.

1. Name (Person) Marjorie Melendez Davis Administrative Agency's
Agency Name City and County of San Francisco Certificate No.: 757
Address 1 South Van Ness Ave., 4th Floor or Self Administered
City San Francisco State CA Zip+4 94103

B. HAS THERE BEEN A CHANGE IN ADMINISTRATOR/ADMINISTRATIVE AGENCY DURING THE PERIOD OF THIS REPORT PERIOD? YES NO

IF YES: DATE OF CHANGE:

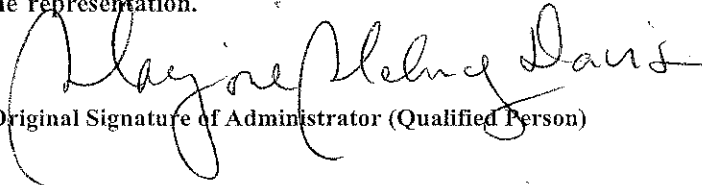
TYPE OF CHANGE: Change in Administrative Agency
 Change to or from Self Administration

NAME OF NEW ADMINISTRATOR(S)/ADMINISTRATIVE AGENCY(IES):

Name
Agency Name
Address
City State Zip+4

CERTIFICATION

I declare under penalty of perjury that I have prepared or caused this report to be prepared and I have examined this liabilities report of this self insurer's workers' compensation liabilities. To the best of my knowledge and belief this report is true, correct and complete with respect to the workers' compensation liabilities incurred and paid. I further declare under the penalty of perjury that the estimates of future liability of workers' compensation claims made in this report reflect the administrator's best judgment as to the future liability of claims, using prevailing industry standards, and the signatory intends Self Insurance Plans to rely upon the representation.


Original Signature of Administrator (Qualified Person)

Date: 09/29/11

TYPED NAME OF ADMINISTRATOR

Administrator's First Name: Marjorie M.I.: M Last Name: Davis

Title: Claims Supervisor

Name of Administrative Agency or Employer: City and County of San Francisco

Street Address: 1 South Van Ness Avenue, 4th Floor

City: San Francisco State: CA Zip+4: 94103

Phone No. of Administrator: (415) 701-5871 Fax No.: (415) 701-5837

E-mail Address of Administrator: marjorie.melendez@sfgov.org

Fiscal Year
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LIST OF OPEN INDEMNITY CASES

AS OF 06/30/11
 (Date - mm/dd/yy)

Reporting Location No.:

All Cases on this Page are
 For the Year

Certificate Number: 7578

NAME OF MASTER CERTIFICATE HOLDER:

Name of Insured or Deceased (Last) (First Initial)	Date of Injury	Description of Injury	Paid to Date		Estimated Future Liability	
			\$ Indemnity	\$ Medical	\$ Indemnity	\$ Medical
(List by reporting location and by year reported with claims in alphabetical order)						

This is a sample format for the list of Open Indemnity Cases. Several Third Party Administrators use a different application to track this data. You can attach a separate listing to your annual report make sure to list the names alphabetically and separately by year and then adjusting location.

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10/11