

CYNTHIA M. WILKERSON
EXECUTIVE DIRECTOR
CALIFORNIA LICENSE 0736606



(707) 836-0779
(707) 836-9079 ADMIN. FAX
(707) 836-8671 BENEFITS FAX
(707) 836-9479 w/c FAX

October 1, 2024

MEMORANDUM

TO: District Superintendents, Chief Business Officials, Business Officials, and Workers' Comp Contacts

FROM: Cindy Wilkerson, Executive Director

SUBJECT: 2023-2024 Public Self-Insurer's Annual Report

RESIG is self-funded for workers' compensation claims and retains the liability for all workers' compensation claims for past years. RESIG is required to report to the Department of Industrial Relations (DIR) details of these claims annually. Attached is a copy of the summary portion of the 2023-2024 report.

Member Districts are required to advise their governing board, before December 31, 2024, of the amount of total liabilities reported (Labor Code §3702.6(b)). This total undiscounted amount is \$12,013,787 as of June 30, 2024. RESIG has sufficient funds to pay all of these outstanding liabilities. Member Districts are also required to report whether the funding of these liabilities is in compliance with GASB 10 standards; RESIG's accountants have certified compliance.

This does not require any action by RESIG's Member Districts' Board of Trustees. RESIG recommends that the report be placed on the agenda as an informational item, as part of the superintendent's report, or simply as part of the Consent Calendar to be received and filed.

If you have any questions, please feel free to contact Chris Spencer, RESIG's Director of Workers' Compensation at (707) 836-0779 ext. 114 or myself at ext. 104.



Public Self Insurers ER Annual Report

For Fiscal Year 2023-24

September 30, 2024

Redwood Empire Schools Insurance Group

5760 Skylane Blvd, Ste 100

Windsor, CA 95492 9742

FORM AR-2 (1-2016)

State of California

Employer

General Information:

Certificate Number	5536	Period Of Report	Annual
(Period) From	07/01/2023	(Period) To	06/30/2024

Master Certificate Holder:

Name	Redwood Empire Schools Insurance Group		
Address 1	5760 Skylane Blvd, Ste 100		
Address 2		FTIN	68-0019280
City	Windsor	State	CA Zip 95492 9742
State of Incorporation			

Affiliates:

	Full Legal Name	Subsidiaries Affiliate Certificate Number	State
1)	Alexander Valley Union School District	5536-001	
2)	West Sonoma County Union High School District	5536-002	
3)	Bellevue Union School District	5536-003	
4)	Bennett Valley Union School District	5536-004	
5)	Cloverdale Unified School District	5536-005	
6)	Cotati-Rohnert Park Unified School District	5536-006	
7)	Dunham School District	5536-007	
8)	Gravenstein Union School District	5536-008	
9)	Liberty School District	5536-009	
10)	Mark West Union School District	5536-010	
11)	Montgomery School District	5536-011	
12)	Oak Grove Union School District	5536-012	
13)	Old Adobe Union School District	5536-013	
14)	Rincon Valley Union School District	5536-014	
15)	Sebastopol Union Elementary School District	5536-015	
16)	Sonoma County Office of Education	5536-017	
17)	Sonoma Valley Unified School District	5536-018	
18)	Twin Hills Union School District	5536-019	
19)	Waugh School District	5536-020	
20)	Forestville Union School District	5536-021	
21)	Wilmar Union School District	5536-022	
22)	Piner-Olivet Union School District	5536-023	
23)	Windsor Unified School District	5536-026	
24)	Santa Rosa Elementary School District	5536-027	
25)	Santa Rosa High School District	5536-028	

State of California

Subsidiaries: (continued...)

	Full Legal Name	Subsidiaries Affiliate Certificate Number	State
26)	Harmony Union School District	5536-029	
27)	Petaluma City Union School District	5536-030	
28)	Petaluma City Joint Union High School District	5536-031	
29)	Guerneville School District	5536-032	
30)	Two Rock Union School District	5536-033	
31)	Cinnabar School District	5536-034	
32)	Geyserville Unified School District	5536-035	
33)	Monte Rio Union School	5536-036	
34)	Fort Ross School District	5536-037	
35)	Wright Elementary School District	5536-038	
36)	West Side Union School District	5536-039	
37)	Horicon School District	5536-040	
38)	Kenwood Elementary School District	5536-041	
39)	Roseland School District	5536-042	
40)	Kashia School District	5536-043	
41)	West County Transportation Agency	5536-044	
42)	Redwood Empire School Insurance Group	5536-045	
43)	Healdsburg Unified School District	5536-046	
44)	Sebastopol Independent Charter School	5536-047	
45)	Sonoma Charter School	5536-048	
46)	Santa Rosa Education Cooperative	5536-049	
47)	Piner Olivet Charter School	5536-050	
48)	Live Oak Charter School	5536-053	
49)	Woodland Star Charter School	5536-057	
50)	Shoreline Unified School District	5536-0058	

State of California

During the reporting period of this report, has there been any of the following with respect to the Master Certificate Holder for any affiliate?

None

Any additions to the Self Insurance Program?

None

Employment and wages paid in current fiscal year:

Number of Employees 13,649

Total Wages and Salaries Paid \$695,274,518

Addressed Correspondence For Related Self-Insurance Matters:

Company Name Redwood Empire Schools' Insurance Group

Name Chris Spencer

Title WC Claims Manager

Phone (707) 836-0779

Fax (707) 836-9479

Email Address cspencer@resig.org

Address 1 5760 Skylane Blvd. #100

Address 2

City Windsor

State CA

Zip 95492

Web Site

TPA Adjusting Locations:

Has there been a change in TPA Adjusting Locations during this reporting period that has not yet been reported to OSIP? No

Have you added any new TPA Adjusting Locations during this reporting period that has not yet been reported to OSIP? No

Record Storage:

Are there open and closed claims stored at a location other than the adjusting location? No

Insurance Coverage:

1) During this reporting period, does your company maintain a standard workers' compensation insurance policy to cover any of your California liabilities? No

2) During this reporting period, does your company have a specific excess workers' compensation policy in force to cover any of your California liabilities? Yes

	Insurance Company Name	Policy Number	Policy Issue Date
1)	Safety National	SP4066599	07/01/2023
	Attachment Safety National Policy.pdf		
	Retention Limit 1,000,000.00		

3) Do you carry an aggregate(stop loss) workers' compensation insurance policy? No

Certification By Authorized Representative:

Company Name Redwood Empire Schools' Insurance Group

Name Chris Spencer

Title WC Claims Manager

Phone (707) 836-0779

Fax (707) 836-9479

Email Address cspencer@resig.org

Address 1 5760 Skylane Blvd. #100

Address 2

City Windsor

State CA **Zip** 95492

Name of Person Legally Responsible for this Electronic Signature:

Christopher Spencer (Date/Time of Signature) - 09/27/2024 14:03

State of California

Report Location Number:

Identification of Location

Certificate Holder

5536-17-171 A

NORTH BAY SCHOOLS INSURANCE AUTHORITY at
FAIRFIELD

Redwood Empire Schools Insurance Group

CASES AND BENEFITS (to the nearest dollar)		From Date-	07/01/2023	To Date-	06/30/2024		
Date	#	Incurred Liability		Paid To Date		Future Liability	
		Indemnity	Medical	Indemnity	Medical	Indemnity	Medical
1) Cases open as of 06/30/2024 reported prior to 2019/20	0	\$0	\$0	\$0	\$0	\$0	\$0
2) Open and closed Liabilities							
A) All Cases reported in 2019/20	0	\$0	\$0	\$0	\$0	\$0	\$0
2019/20 Cases open	0	\$0	\$0	\$0	\$0	\$0	\$0
B) All Cases reported in 2020/21	0	\$0	\$0	\$0	\$0	\$0	\$0
2020/21 Cases open	0	\$0	\$0	\$0	\$0	\$0	\$0
C) All Cases reported in 2021/22	4	\$0	\$6,100	\$0	\$0	\$0	\$6,100
2021/22 Cases open	1	\$0	\$6,100	\$0	\$0	\$0	\$6,100
D) All Cases reported in 2022/23	0	\$0	\$0	\$0	\$0	\$0	\$0
2022/23 Cases open	0	\$0	\$0	\$0	\$0	\$0	\$0
E) All Cases reported in 2023/24	1	\$0	\$8,670	\$0	\$1,764	\$0	\$6,906
2023/24 Cases open	1	\$0	\$8,670	\$0	\$1,764	\$0	\$6,906

	\$ Indemnity	\$ Medical
SUBTOTAL	\$0	\$13,006
TOTAL		\$13,006

3) Estimate Future Liability (Indemnity Plus Medical)

4) Total Benefits Paid During 2023/24 (Including all case expenditures). The indemnity amount includes the amount of LC § 4800/4850 benefits paid for the year (total of Lines 11 and 12)

	\$ Indemnity	\$ Medical
	\$0	\$1,764

5) Number of MEDICAL-ONLY Cases Reported in 2023/24

1

6) Number of INDEMNITY Cases Reported in 2023/24

0

7) Total of 5 and 6 (Also entered in 2E above)

1

8) Total Number of open Indemnity Cases (All Years)

0

9) Number of Fatality Cases Reported In 2023/24

0

10) (a) Number of FY 2023/24 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2023/24

0

10) (a) Number of non-FY 2023/24 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2023/24

0

11) Amount from salary continuation payments made pursuant to LC § 4800/4850 that is in excess of the applicable temporary disability rate for the period paid.

\$0

12) Amount from salary continuation payments made pursuant to LC § 4800/4850 capped at the temporary disability rate for the period paid.

\$0

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ALL Open Indemnity Claims (by reporting and by year) reported and with claims: FY2023-24_SIPSummary-Cert5536-RESIG.pdf

Dual Jurisdiction Claims

Please note that California Labor Code Section 3702.2(b) requires that "... the annual report of a self-insured employer who has self-insured both state and federal workers' compensation liability shall also be set forth (1) amount of all compensation liability incurred, paid-to-date, the estimated future liability under both this chapter and under the federal longshore and Harbor Worker's Compensation Act (33 U.S.C Sec. 901 et seq.), and (2) the identity and the amount of the security deposit securing the employer's liability under state and federal self-insured programs."

Accordingly, please indicate all California exposure on your Self Insurer's Annual Report, and, in addition identify each Claim with dual jurisdiction on Separate List of Open Indemnity Claims. For those claims, indicate the incurred, paid-to-date, and estimated future liabilities for federal exposure. Please also indicate the amount and the type of security deposit securing those claims.

Instructions To Claims Administrator For Specific Excess Insurance

The TPA should provide a sum of the unpaid excess carrier excess liability under "Calculation of Specific Excess Coverage Entry for the Annual Reports". In addition, provide a list of claims for which specific excess credit is being claimed. This may be provided as a spreadsheet. Indicate in the list of claims the following information:

The list shall include the name of the claimant, claim number, date of injury, description of injury, carrier name and policy number, policy coverage period, retention level of policy and paid to date in indemnity or medical benefits, and the estimated future liability of the claim minus the total unpaid employer retention, which equals the total unpaid carrier liability, whether the claim has been reported to a carrier, if the claim has been accepted by the carrier, if the carrier has denied any part of the liability of the claim.

Refer to OSIP website for sample format of the Excess Credit Calculation form.

Calculation Of Specific Excess Coverage Entry For Annual Reports:

Enter the sum of the total unpaid carrier excess liability claimed from the "Specific Excess Insurance Policy Coverage". If none enter "0". \$

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Certification

Administrating Agency's Certificate Number 171

Or Self Administered

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

Agency Name NORTH BAY SCHOOLS INSURANCE AUTHORITY
Name Kami Linan
Phone (707) 428-1830 **Fax**
Email Address kamil@nbsia.org
Address 1 380A Chadbourne Rd
Address 2
City Fairfield **State** CA **Zip** 94534

Name of Person Legally Responsible for this Electronic Signature:

Veronica Hudley (Date/Time of Signature) - 09/30/2024 14:30

State of California

Report Location Number:

Identification of Location

Certificate Holder

5536-05-157 A

REDWOOD EMPIRE SCHOOLS INSURANCE GROUP at
SANTA ROSA

Redwood Empire Schools Insurance Group

CASES AND BENEFITS (to the nearest dollar)				From Date-	07/01/2023	To Date-	06/30/2024
		Incurred Liability		Paid To Date		Future Liability	
Date	#	Indemnity	Medical	Indemnity	Medical	Indemnity	Medical
1) Cases open as of 06/30/2024 reported prior to 2019/20	118	\$4,122,585	\$12,306,178	\$3,632,294	\$8,049,343	\$490,291	\$4,256,835
2) Open and closed Liabilities							
A) All Cases reported in 2019/20	368	\$1,081,135	\$3,973,093	\$943,348	\$3,375,858	\$137,787	\$597,235
2019/20 Cases open	16	\$500,722	\$3,140,497	\$362,935	\$2,543,262	\$137,787	\$597,235
B) All Cases reported in 2020/21	209	\$1,336,773	\$2,043,272	\$824,032	\$1,216,205	\$512,741	\$827,067
2020/21 Cases open	38	\$1,219,385	\$1,732,807	\$706,644	\$905,740	\$512,741	\$827,067
C) All Cases reported in 2021/22	472	\$1,795,572	\$2,698,876	\$1,303,349	\$1,538,930	\$492,223	\$1,159,946
2021/22 Cases open	57	\$1,451,452	\$2,188,507	\$959,229	\$1,028,561	\$492,223	\$1,159,946
D) All Cases reported in 2022/23	521	\$1,757,664	\$2,242,798	\$1,078,168	\$1,213,817	\$679,496	\$1,028,981
2022/23 Cases open	76	\$1,453,917	\$1,798,142	\$774,421	\$769,161	\$679,496	\$1,028,981
E) All Cases reported in 2023/24	511	\$1,447,339	\$1,833,966	\$667,791	\$782,329	\$779,548	\$1,051,637
2023/24 Cases open	205	\$1,348,797	\$1,679,314	\$569,249	\$627,677	\$779,548	\$1,051,637

	\$ Indemnity	\$ Medical
SUBTOTAL	\$3,092,086	\$8,921,701

3) Estimate Future Liability (Indemnity Plus Medical)	TOTAL	\$12,013,787
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4) Total Benefits Paid During 2023/24 (Including all case expenditures). The indemnity amount includes the amount of LC § 4800/4850 benefits paid for the year (total of Lines 11 and 12)

	\$ Indemnity	\$ Medical
	\$1,936,891	\$2,609,277

5) Number of MEDICAL-ONLY Cases Reported in 2023/24

	329
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6) Number of INDEMNITY Cases Reported in 2023/24

	182
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7) Total of 5 and 6 (Also entered in 2E above)

	511
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8) Total Number of open Indemnity Cases (All Years)

	373
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9) Number of Fatality Cases Reported In 2023/24

	0
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10) (a) Number of FY 2023/24 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2023/24

	15
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10) (a) Number of non-FY 2023/24 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2023/24

	16
--	----

11) Amount from salary continuation payments made pursuant to LC § 4800/4850 that is in excess of the applicable temporary disability rate for the period paid.

	\$0
--	-----

12) Amount from salary continuation payments made pursuant to LC § 4800/4850 capped at the temporary disability rate for the period paid.

	\$0
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ALL Open Indemnity Claims (by reporting and by year) reported and with claims: OSIP- All open Claims.xlsx

Dual Jurisdiction Claims

Please note that California Labor Code Section 3702.2(b) requires that "... the annual report of a self-insured employer who has self-insured both state and federal workers' compensation liability shall also be set forth (1) amount of all compensation liability incurred, paid-to-date, the estimated future liability under both this chapter and under the federal longshore and Harbor Worker's Compensation Act (33 U.S.C Sec. 901 et seq.), and (2) the identity and the amount of the security deposit securing the employer's liability under state and federal self-insured programs."

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Refer to OSIP website for sample format of the Excess Credit Calculation form.

Calculation Of Specific Excess Coverage Entry For Annual Reports:

Enter the sum of the total unpaid carrier excess liability claimed from the "Specific Excess Insurance Policy Coverage". If none enter "0".

\$

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Specific Excess Insurance Policy pages: Excess Credit Calculation Form- Final 2024.xlsx

Certification

Administrating Agency's Certificate Number 157

Or Self Administered

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

Agency Name REDWOOD EMPIRE SCHOOLS INSURANCE GROUP

Name Chris Spencer

Phone (707) 836-0779 **Fax**

Email Address cspencer@resig.org

Address 1 5760 Skylane Blvd., Ste 100

Address 2

City Windsor

State CA **Zip** 95492

Name of Person Legally Responsible for this Electronic Signature:

Christopher Spencer (Date/Time of Signature) - 09/30/2024 10:08