



**SELF-INSURER'S REPORT OF COMPENSATION PAYMENTS**

12/31/2015

THIS FORM MUST BE COMPLETED AND RETURNED ON OR BEFORE MARCH 31 TO:

**MISSOURI DIVISION OF WORKERS' COMPENSATION  
P.O. BOX 58  
JEFFERSON CITY, MO 65102-0058**

**SECTION I**

OFFICIAL NAME OF SELF-INSURED ENTITY City of St. Louis	FEDERAL EMPLOYER IDENTIFICATION NO. 43-6003231
CORPORATE ADDRESS 133 S. 11th St., Suite 430, St. Louis, Missouri 63102	MONTH AND DATE OF FISCAL YEAR END 6/30

DURING THE CALENDAR YEAR CLOSED JANUARY 1, THRU DECEMBER 31, 2015

COMPENSATION PAID \$ 6,339,463.89	MEDICAL PAID \$ 5,964,361.70	TOTAL PAID \$ 12,303,825.59
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**SECTION II**

NAME, ADDRESS, TELEPHONE NUMBER OF SERVICE COMPANY WHICH HANDLED INJURY PAYMENTS IF USED OR OF PERSON PROCESSING SUCH PAYMENTS IF SELF-ADMINISTERED.

SERVICE COMPANY NAME Cannon Cochran Management Services, Inc.		
ADDRESS 133 S. 11th St., Suite 430, St. Louis, Mo 63102	ADDRESS	ADDRESS
TELEPHONE NUMBER 314-231-4094	TELEPHONE NUMBER	TELEPHONE NUMBER

**SECTION III**

NAME, ADDRESS, TELEPHONE NUMBER OF PERSON TO BE CONTACTED IN SELF-INSURED COMPANY (ENTITY), RESPONSIBLE FOR ANNUAL REPORTS AND OTHER MATTERS PERTAINING TO MAINTAINING SELF-INSURED AUTHORITY.

NAME Ms. Cherylle Stelmach	TITLE Workers Compensation Specialist	TELEPHONE NUMBER (314) 622-4724	
ADDRESS 133 S. 11th St. Suite 430	CITY St. Louis	STATE MO	ZIP CODE 63102

NAME OF PARENT CO. IF A SUBSIDIARY:

IS THE SELF-INSURED ENTITY OR ANY PARENT COMPANY, CURRENTLY UNDER BANKRUPTCY PROTECTION OR CONSIDERING FILING FOR BANKRUPTCY PROTECTION?  YES  NO IF "YES," ATTACH A STATEMENT WITH DETAILS REGARDING THE BANKRUPTCY ACTION.

AN AUTHORIZED SELF-INSURER, BEING DULY SWORN, STATE THAT THE FOREGOING IS A FULL AND CORRECT REPORT OF THE INFORMATION REQUIRED IN THIS STATEMENT.

SIGNATURE <i>Cherylle Stelmach</i>	OFFICIAL CAPACITY Workers Compensation Specialist	DATE 3-25-16
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NOTARY PUBLIC EMBOSSEER SEAL	STATE <i>Missouri</i>	COUNTY (OR) CITY OF
	SUBSCRIBED AND SWORN BEFORE ME, THIS <i>25</i> DAY OF <i>March</i> YEAR <i>2016</i>	
	NOTARY PUBLIC SIGNATURE <i>Janet L. Toenjes</i>	MY COMMISSION EXPIRES <i>May 5, 2018</i>
NOTARY PUBLIC NAME (TYPED OR PRINTED) <i>Janet L. Toenjes</i>		USE RUBBER STAMP IN CLEAR AREA BELOW. 