



# Public Self Insurers

## Claim Liability - Annual Report

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For Period: 07/01/2024 - 06/30/2025

September 29, 2025  
PTSC-MTA RISK MANAGEMENT  
One Gateway Plaza 99-10-2  
Los Angeles, CA 90012

**FORM AR-2 (1-2016)**

**Report Location Number: Identification of Location**

**Certificate Holder**

5813-01-099 A

PTSC-MTA RISK MANAGEMENT at LOS ANGELES

PTSC-MTA Risk Management Authority

CASES AND BENEFITS (to the nearest dollar)				From Date-	07/01/2024	To Date-	06/30/2025
		Incurred Liability		Paid To Date		Future Liability	
Date	#	Indemnity	Medical	Indemnity	Medical	Indemnity	Medical
1) Cases open as of 06/30/2025 reported prior to 2020/21	204	\$35,351,835	\$38,742,119	\$24,461,072	\$27,702,831	\$10,890,763	\$11,039,288
2) Open and closed Liabilities							
A) All Cases reported in 2020/21	1,104	\$42,606,474	\$17,742,727	\$37,337,439	\$15,240,865	\$5,269,035	\$2,501,862
2020/21 Cases open	95	\$12,893,864	\$7,792,224	\$7,624,829	\$5,290,362	\$5,269,035	\$2,501,862
B) All Cases reported in 2021/22	1,586	\$57,147,034	\$23,195,111	\$47,711,538	\$17,365,994	\$9,435,496	\$5,829,117
2021/22 Cases open	210	\$24,265,619	\$12,861,144	\$14,830,123	\$7,032,027	\$9,435,496	\$5,829,117
C) All Cases reported in 2022/23	1,586	\$56,606,317	\$33,267,099	\$38,928,489	\$15,319,499	\$17,677,828	\$17,947,600
2022/23 Cases open	347	\$38,763,555	\$27,445,183	\$21,085,727	\$9,497,583	\$17,677,828	\$17,947,600
D) All Cases reported in 2023/24	1,748	\$55,518,867	\$23,962,356	\$31,700,032	\$11,200,484	\$23,818,835	\$12,761,872
2023/24 Cases open	575	\$48,858,189	\$21,346,090	\$25,039,354	\$8,584,218	\$23,818,835	\$12,761,872
E) All Cases reported in 2024/25	1,553	\$32,449,267	\$16,672,088	\$10,370,571	\$3,440,888	\$22,078,696	\$13,231,200
2024/25 Cases open	784	\$30,843,285	\$15,743,122	\$8,764,589	\$2,511,922	\$22,078,696	\$13,231,200

	\$ Indemnity	\$ Medical
SUBTOTAL	\$89,170,653	\$63,310,939
TOTAL	\$152,481,592	
	\$ Indemnity	\$ Medical
	\$49,674,614	\$24,402,640

3) Estimate Future Liability (Indemnity Plus Medical)

4) Total Benefits Paid During 2024/25 (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)

5) Number of MEDICAL-ONLY Cases Reported in 2024/25

6) Number of INDEMNITY Cases Reported in 2024/25

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 2024/25

10) (a) Number of FY 2024/25 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2024/25

10) (b) Number of non-FY 2025 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2024/25

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.

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

193
1,360
1,553
2,189
0
307
88
0
0

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ALL Open Indemnity Claims (by reporting and by year) reported and with claims: Annual Report SIP Detail report 2025.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 Idemnity 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** 099

**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** PTSC-MTA RISK MANAGEMENT

**Name** Cathy Yates

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**Address 2**

**City** Los Angeles

**State** CA

**Zip** 90012

**Name of Person Legally Responsible for this Electronic Signature:**

Cathy Yates ( Date/Time of Signature ) -09/29/2025 12:11