

RO XX  
XXXXXX INSURANCE COMPANY  
P.O. BOX 999  
CITY, STATE 99999999 ID # 99-999999  
CURRENT DATE: MM/DD/YY

FCIC OPERATIONS REPORT  
REINSURANCE YEAR 1999  
(MONTHLY)

RCP001

**S**)

	PREMIUM	PAID	LOSS-CR	SUBSIDY	LOSSES
GRP/GRIP	9,999,999	.00	0	999,999	99,999
CRC	9,999,999	.00	0	999,999	99,999
RA	9,999,999	.00	0	999,999	99,999
NON-CAT OTHER	9,999,999	.00	0	999,999	99,999
TOTAL NON-CAT	9,999,999	.00	0	999,999	99,999

**S**)

CAT	999,999			999,999	99,999
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(L/R = .0000)

		DEBITS	CREDITS
a. NET EXPENSE REIMBURSEMENT ADJUSTMENT		.00	
b. PREMIUM COLLECTED	.00		.00 -
c. ESCROW AND DRAFTS		.00	.00
d. LOSS DEDUCTIONS (F,R,O)	0	0	0
e. STATE SUBSIDY		.00	
f. COMPANY PREVIOUS PAYMENT		.00	
g. FCIC INTEREST PAID		.00	
h. LITIGATION EXPENSE			.00 -
i. NET ADMINISTRATIVE FEE ADJUSTMENT			.00 -
j. REDUCTIONS DUE TO RECON REPORT DIFFERENCES			.00 -
k. FCIC INTEREST/PENALTY			.00 -
l. FCIC DET. OVERPAID			.00 -
m. FCIC PREVIOUS PAYMENT			.00 -
n. ESCROW FUNDED			.00 -
o. PAID PREVIOUS WORKSHEETS			.00 -
p. UNDERWRITING LOSS			.00 -
q. SUBTOTAL		.00 +	.00 -
r. TOTAL FROM CURRENT WORKSHEET		.00	
s. BALANCE DUE COMPANY/FCIC			.00

ESCROW REIMBURSEMENT

t. PREVIOUS ESCROW FUNDED	.00
u. LESS DRAFTS ISSUED (ESCROW)	.00 -
v. ESCROW BALANCE	.00

**S**)  
CERTIFIED CORRECT

NOTE: ANY FALSE CERTIFICATIION MADE TO THE CORPORATION  
MAY SUBJECT THE MAKER TO CRIMINAL AND CIVIL PENALTIES AS  
PROVIDED IN 18 U.S.C. 287, 1001;31 U.S.C. 3729 AND 3730.

NAME TITLE DATE

RO XX  
 XXXXXX INSURANCE COMPANY  
 P.O. BOX 999  
 CITY, STATE 999999999 ID #99-999999

FCIC INSTALLMENT REPORT  
 REINSURANCE YEAR 1999  
 (MONTHLY)

INS001

CURRENT DATE: MM/DD/YY CUTOFF DATE: MM/DD/YY

	PREMIUM	PAID	LOSS-CR	SUBSIDY	LOSSES
GRP/GRIP	1,000	.00	0	330	0
CRC	218,189	.00	0	72,002	0
RA	4,182,712	.00	0	1,308,262	0
NON-CAT -OTHER	39,374,777	.00	0	13,480,717	0
TOTAL NON CAT	43,776,678	.00	0	14,861,311	0

CAT	2,278,426			2,278,426	0
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	DUE COMPANY	DUE FCIC
ADMINISTRATIVE & OPERATING SUBSIDY		
(22.7%) -GRP/GRIP	49,528.90	
(21.1%) -CRC	882,552.23	
(24.5%) -RA	245.00	
(24.5%) -OTHER/RA FALL OPTION		9,646,820.37
TOTAL	10,579,146.50	

CAT LOSS ADJUSTMENT (11%)	2,278,426.00	250,626.86
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REDUCTION FOR LATE FILED ACREAGE		
-GRP/GRIP		0.00
-CRC		0.00
-RA		0.00
-OTHER/RA FALL OPTION		0.00
SUB-TOTAL		9,999.99

TOTAL DUE FCIC/COMPANY	10,829,773.36	9,999.99
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NET EXPENSE REIMBURSEMENT ADJUSTMENT	10,819,773.37	
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))

FCIC ADMINISTRATIVE FEE REPORT  
REINSURANCE YEAR 1999

FEE001

CAT FEES DUE FCIC	6,450.00
LIMITED COVERAGE FEES DUE FCIC	250.00
ADDT'L COVERAGE FEES DUE FCIC	.00
DUPLICATE COVERAGE FEES COLLECTED	.00
FEES EXCEEDING MAXIMUM LIMITATION	<u>.00</u>

ADMINISTRATIVE FEE ADJUSTMENT	6,700.00
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 CURRENT DATE: MM/DD/YY

FCIC ACCOUNTING DETAIL REPORT (EXCLUDING CAT)  
 REINSURANCE YEAR 1999  
 MONTHLY

ADR001

CUTOFF DATE: MM/DD/YY

ST	CO	POL#	YR	NAME	(NOTES)	PREMIUM	PAID	LOSS-CR	SUBSIDY	CLEARED LOSSES
XX	999	999999	YY	DOE, JOHN	*L	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JOHN	*	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JOHN	*#	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JOHN	*	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JOHN	*L	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JOHN	*	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JOHN	*L	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JANE	*	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JANE	*	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JANE	*L	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JANE	*	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JANE	*#	9,999	9,999	999	9,999	999
TOTAL						9,999	9,999	999	9,999	9,999

\*\*\* NOTES \*\*\*

- (\*) - ASSIGNED RISK (V) - OVERPAID
- (P) - PAYMENT CR MEMO (E) - ESCROW
- (L) - POLICY EITHER INCLUDES OR IS LIMITED COVERAGE

RO XX  
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 CURRENT DATE: MM/DD/YY

FCIC ACCOUNTING DETAIL REPORT (EXCLUDING CAT)  
 REINSURANCE YEAR 1999  
 STATE TOTALS

ADR002

ST	PREMIUM	PAID	LOSS-CR	SUBSIDY	CLEARED LOSSES
CO	77,078	0.00	0	25,608	0
KS	69,303	0.00	0	22,345	0
NE	247,612	0.00	0	81,640	0
TX	2,894	0.00	0	1,207	0
TOTAL	396,887	0.00	0	130,800	0

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 CITY, STATE 999999999 ID# 99-999999  
 CURRENT DATE: MM/DD/YY

FCIC DETAIL REPORT (EXCLUDING CAT)  
 REINSURANCE YEAR 1999  
 GRAND TOTALS

ADR003

CUTOFF DATE: MM/DD/YY

	PREMIUM	PAID	LOSS-CR	SUBSIDY	CLEARED LOSSES
1998	4,771,780			1,849,846	
1999	33,965,205			13,395,937	
2000	25,900			45,121	
TOTALS	38,762,885	167,779.38		15,290,904	
OVERPAIDS		167.00	0		
GRAND TOTALS LESS OVERPAIDS	38,762,885	167,612.38	0	15,290,904	0

PMEMO  
 MMEMO  
 PLCR

RAS SUMMARY LOAD  
P/CR MEMO REJECT REPORT

RO XX  
SOME REINSURED COMPANY  
C/O XXXXX INSURANCE COMPANY  
P.O. BOX 999  
CITY, STATE 999999999 ID#99-999999  
CURRENT DATE: MM/DD/YY

RUN DATE: MM/DD/YY  
POST DATE: YY/MM/DD

PAGE 1  
PCR001

P/CR MEMO RO	P/CR MEMO LOC ST	P/CR MEMO CNO	P/CR MEMO POLICY NO	P/CR MEMO CROP YR	PAID	STATE SUBSIDY	PMEMO	SOURCE RO	SOURCE LOC ST	SOURCE CNO	SOURCE POLICY NO	SOURCE CROP YR
XX	NE	900	003010	YY	0.00	0.00	817.00	XX	31	900	013010	YYYY
	PA	900	000666	YY	0.00	0.00	1757.00	XX	42	900	010666	YYYY
			001313	YY	0.00	0.00	1084.00	XX	42	900	011313	YYYY
			001314	YY	0.00	0.00	84.00	XX	42	900	011314	YYYY
			001941	YY	0.00	0.00	3336.00	XX	42	900	011941	YYYY
			002713	YY	0.00	0.00	6.00	XX	42	900	012713	YYYY
			002829	YY	0.00	0.00	171.00	XX	42	900	012829	YYYY
			002893	YY	0.00	0.00	55.00	XX	42	900	012893	YYYY
			002992	YY	0.00	0.00	2708.00	XX	42	900	012992	YYYY
			003100	YY	0.00	0.00	3691.00	XX	42	900	013100	YYYY
			003114	YY	0.00	0.00	2679.00	XX	42	900	013114	YYYY
			003119	YY	0.00	0.00	769.00	XX	42	900	013119	YYYY
			003120	YY	0.00	0.00	3877.00	XX	42	900	013120	YYYY
			003123	YY	0.00	0.00	7369.00	XX	42	900	013123	YYYY
			003305	YY	0.00	0.00	75.00	XX	42	900	013305	YYYY
			003390	YY	0.00	0.00	316.00	XX	42	900	013390	YYYY
			003447	YY	0.00	0.00	84.00	XX	42	900	013447	YYYY
			003448	YY	0.00	0.00	1030.00	XX	42	900	013448	YYYY
			003450	YY	0.00	0.00	85.00	XX	42	900	013450	YYYY
			003525	YY	0.00	0.00	671.00	XX	42	900	013525	YYYY
			003526	YY	0.00	0.00	299.00	XX	42	900	013526	YYYY
			003668	YY	0.00	0.00	179.00	XX	42	900	013668	YYYY
			003673	YY	0.00	0.00	282.00	XX	42	900	013673	YYYY
			003692	YY	0.00	0.00	174.00	XX	42	900	013692	YYYY
			003693	YY	0.00	0.00	94.00	XX	42	900	013693	YYYY
			003696	YY	0.00	0.00	159.00	XX	42	900	013696	YYYY
			003699	YY	0.00	0.00	94.00	XX	42	900	013699	YYYY
			003700	YY	0.00	0.00	19.00	XX	42	900	013700	YYYY
			003701	YY	0.00	0.00	94.00	XX	42	900	013701	YYYY
TOTAL RO: XX					0.00	0.00	32058.00					



EXAMPLE 1:

LATE PAYMENTS

<u>REPORT DATE</u>	<u>REPORT DUE</u>	<u>AMOUNT RECEIVED</u>	<u>DAYS LATE</u>	<u>RATE</u>	<u>INTEREST AMOUNT</u>	<u>NOTE REF.</u>
05/08/YY	05/29/YY	\$100,000	4	15%	\$164.38	1
11/06/YY	11/30/YY	\$1,000,000	7	15%	\$2,876.71	2

1. Payment of the \$100,000 balance due FCIC on the 05/08/YY report, due on 05/29/YY, the last banking day of the month, is received on 06/02/YY.
2. Payment of the \$1,000,000 balance due FCIC on the 11/06/YY report, due on 11/30/YY, the last banking day in the month, is received on 12/07/YY.

EXAMPLE 2:

INTEREST ON OVERPAID INDEMNITIES/UNDERSTATED PREMIUM CASES IDENTIFIED THROUGH REVIEW

<u>DATE COMPANY NOTIFIED BY DATE OF REPORT DATE OF FINAL APPEAL DETERMINATION LETTER</u>	<u>OVERPAYMENT AMOUNT</u>	<u>DATE OF APPEAL</u>	<u>WITH CORRECTED DETERMINATION LETTER</u>	<u>INDEMNITY OVERPAYMENT</u>	<u>DAYS</u>	<u>INTEREST RATE</u>	<u>INTEREST DUE</u>	<u>NOTE REF</u>
01/20/YY	\$10,000	N/A	N/A	02/12/YY	26	15%	0.00	1
01/20/YY	\$15,000	N/A	N/A	04/09/YY	100	15%	\$616.44	2
01/20/YY	\$20,000	02/15/YY	11/15/YY	12/15/YY	345	15%	\$2,835.62	3

1. The Company is notified of an overpayment in a Final Determination letter dated January 20, 19YY. The February 9, 19YY report containing the correction was filed timely. Since the report was corrected within 30 days, interest does not attach.
2. The Company is notified of an overpayment amount in a final determination letter dated January 20, 19YY. The amount is to be corrected on the February 9, 19YY report. No appeal is filed. No corrections are made until the April 9, 19YY report. Interest is calculated starting with the day after the final determination letter which is January 21, 19YY through the due date of the certified report containing the corrections is submitted, which is April 30, 19YY.
3. Interest begins accruing based on the date of the Final Determination letter. Appeals have no affect on delaying the interest computation date. In this example, the company is notified of an overpayment in a Final Determination letter dated January 20, 19YY. The company files an appeal on February 15, 19YY. The appeal is heard and FCIC receives a favorable decision. Had the company received a favorable decision, no interest is due. The Company is notified by an Appeal Determination letter on December 15, 19YY of the amount due FCIC. Interest is calculated starting with the day after the Final Determination letter, which is January 21, 19YY through the due date of the certified report containing the correction is submitted, which is December 31, 19YY.

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 CURRENT DATE: MM/DD/YY

CAT COVERAGE FEES (EXCLUDING BUY-UPS)  
 REINSURED COMPANY DETAIL REPORT  
 REINSURANCE YEAR 1999  
 MONTHLY

CFE001

CUTOFF DATE: MM/DD/YY

ID_NUMBER	ST	CO	POL#	YR	LOC CTY	CROP CODE	CROP TYPE	A R	PREMIUM	LOSSES	FEE AMOUNT	FEE COLLECTED	FEE WAIVED
999999999	XX	999	999999	YY	001	011	001	*	250	-0-	50	-0-	-0-
				YY	001	021	001		250	-0-	50	-0-	-0-
				YY	001	041	001		250	-0-	-0-	50	-0-
				YY	001	051	001		250	-0-	-0-	50	-0-
				YY	001	081	001		250	-0-	-0-	-0-	-0-
				YY	001	091	001		250	-0-	-0-	-0-	-0-
999999999	XX	999	999999	YY	001	011	001		100	-0-	50	-0-	-0-
				YY	001	041	001		100	-0-	50	-0-	-0-
				YY	001	051	001		100	-0-	-0-	50	-0-
				YY	001	081	001	*	100	-0-	-0-	50	-0-
				YY	001	091	001		100	-0-	-0-	-0-	-0-
999999999	XX	999	999999	YY	001	011	001		227	-0-	50	-0-	-0-
				YY	001	041	001		227	-0-	50	-0-	-0-
999999999	XX	999	999999	YY	001	011	001		500	-0-	-0-	-0-	50
				YY	001	041	001		500	-0-	-0-	-0-	50
				YY	001	081	001		500	-0-	-0-	-0-	-0-
999999999	XX	999	999999	YY	001	011	001	*	100	-0-	-0-	-0-	50
				YY	001	041	001		100	-0-	-0-	-0-	50
				1998					-0-	-0-			
				1999					4,154	-0-			
				2000					-0-	-0-			
GRAND TOTAL XX									4,154	-0-	300	200	200

\*\*\* NOTES\*\*\*

(\*) - ASSIGNED RISK/(E) - ESCROW

RO XX  
 XXXXXX INSURANCE COMPANY  
 P.O. BOX 999  
 CITY, STATE 999999999 ID# 99-999999  
 CURRENT DATE: MM/DD/YY

CAT COVERAGE FEES  
 REINSURED COMPANY DETAIL REPORT  
 REINSURANCE YEAR 1999  
 CUTOFF DATE: MM/DD/YY

CFE002

<u>ST</u>	<u>PREMIUM</u>	<u>LOSSES</u>	<u>FEE AMOUNT</u>	<u>FEES COLLECTED</u>	<u>FEES WAIVED</u>
AL	97,973		6,350	50	800
AR	766,621		35,700	600	750
AZ	6,278		1,150	0	0
CA	1,417,706		42,900	2,700	100
CO	1,042,657		68,950	0	350
CT	4,040		50	0	0
DE	9,732		300	0	0
FL	2,787,990		30,250	1,300	0
GA	99,288		13,500	600	50
IA	506		300	0	0
ID	22,714		4,800	150	0
IL	106,843		34,050	200	800
IN	19,288		9,800	50	100
KS	1,115,889		180,100	0	2,100
KY	81,832		9,600	0	1,000
LA	57,674		3,700	100	0
MA	107,293		2,800	0	0
MD	131,040		17,750	0	100
ME	0		50	0	0
MI	16,012		5,700	200	450
MN	1,893		900	0	0
MO	466,378		81,450	300	1,650
MS	47,328		4,000	200	0
MT	144,275		21,350	0	100
NC	600,089		32,600	0	200
ND	3,110		1,350	0	0
NE	160,350		27,300	0	1,150
NJ	19,557		50	0	0
NM	235,521		9,900	0	0
NY	57,754		5,700	200	100
OH	20,716		12,900	300	450
OK	227,635		29,900	50	100
OR	118,883		6,450	0	150
PA	47,171		6,900	0	100
SC	159,652		8,000	1,250	0
1998	305,204				
1999	11,666,278				
2000	343,566				
TOTAL	12,315,048	0	842,350	9,500	13,600

RO XX  
 XXXXXX INSURANCE COMPANY  
 C/O XXXXX INSURANCE COMPANY  
 P.O. BOX 999  
 CITY, STATE 99999999 ID# 99-999999  
 CURRENT DATE: MM/DD/YY

LIMITED COVERAGE \$50 FEES (LIMITED BUY-UPS)  
 REINSURED COMPANY DETAIL REPORT  
 REINSURANCE YEAR 1999  
 MONTHLY

LFE001

CUTOFF DATE: MM/DD/YY

ID-NUMBER	ST	CO	POL#	YR	LOC CO	CROP CODE	CROP TYPE	PREMIUM	FEE AMOUNT	FEES COLLECTED	FEES WAIVED
999999999	XX	999	999999	YY	001	011	001	250	50	0	0
				YY	001	021	001	250	50	0	0
				YY	001	041	001	250	0	5	0
				YY	001	051	001	250	0	5	0
				YY	001	081	001	250	0	0	0
				YY	001	091	001	250	0	0	0
999999999	XX	999	999999	YY	001	011	001	100	50	0	0
				YY	001	041	001	100	50	0	0
				YY	001	051	001	100	0	50	0
				YY	001	181	001	100	0	50	0
				YY	001	191	001	100	0	50	0
999999999	XX	99	999999	YY	001	011	001	227	50	0	0
				YY	001	041	001	227	50	0	0
999999999	XX	99	999999	YY	001	011	001	500	0	0	50
				YY	001	041	001	500	0	0	50
				YY	001	081	001	500	0	0	50
999999999	XX	99	999999	YY	001	011	001	100	0	0	50
				YY	001	041	001	100	0	0	50
COMPANY TOTALS								4,154	300	250	250

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 CURRENT DATE: MM/DD/YY

LIMITED COVERAGE \$50 FEES (LIMITED BUY-UPS)  
 REINSURED COMPANY DETAIL REPORT  
 REINSURANCE YEAR 1999  
 MONTHLY

LFE002

CUTOFF DATE: MM/DD/YY

ST	PREMIUM	FEE AMOUNT	FEE COLLECTED	FEE WAIVED
CO	12,768	500	0	0
FL	19,490	200	0	0
GA	2,084	100	0	0
KS	9,397	450	0	0
KY	8,323	50	0	0
LA	1,628	100	0	0
MI	285	50	0	0
MN	402	50	0	0
MO	1,015	150	0	0
MS	962	50	0	0
NC	1,184	100	0	0
ND	1,700	150	0	0
NE	5,855	250	0	0
NM	6,049	200	0	0
NY	1,079	50	0	0
OH	330	100	0	0
OK	661	200	0	0
OR	131	50	0	0
SD	13,222	400	0	0
TN	1,798	50	0	0
TX	8,817	850	0	0
UT	708	50	0	0
VA	2,972	350	0	0
WI	1,079	150	0	0
TOTAL	101,939	4,650	0	0

RO XX  
 XXXXXX INSURANCE COMPANY  
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 P.O. BOX 999  
 CITY, STATE 999999999 ID# 99-999999

ADDITIONAL COVERAGE \$20 ADMINISTRATIVE FEE SUMMARY REPORT

ACA001

REINSURANCE YEAR 1999

CURRENT DATE: MM/DD/YY                      CUTOFF DATE: MM/DD/YY

ST	1999 JAN	1999 MAR	1999 APR	1999 MAY	1999 JUN	1999 JUL	1999 SEP	1999 OCT	1999 NOV	1999 DEC	2000 JAN	2000 MAR	FEE PREPAID	TOTAL
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	00	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	00	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	00	99,999
TOTAL	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	999	99,999

RO XX  
 XXXXXX INSURANCE COMPANY  
 C/O XXXXX INSURANCE COMPANY  
 P.O. BOX 999  
 CITY, STATE 999999999 ID# 99-999999  
 CURRENT DATE: MM/DD/YY

FCIC REINSURANCE RUN  
 REINSURANCE YEAR 1999

FR7YY40M

CUTOFF DATE: MM/DD/YY

STATE/RECAP	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
AL	OTHER COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	OTHER DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	OTHER ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	REVENUE COMMERCIAL	9.9	9,999,999	99,999	9,999	.9
	REVENUE DEVELOPMENTAL	9.9	999,999,999	999,999	99,999	9.9
	REVENUE ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	SUBTOTAL 1		999,999,999	999,999	99,999	9.9

(CONTINUED)



(CONTINUED)  
 FCIC REINSURANCE RUN  
 REINSURANCE YEAR 1999

FR7YY40M

RO XX  
 XXXXXX INSURANCE COMPANY  
 C/O XXXXX INSURANCE COMPANY  
 P.O. BOX 999  
 CITY, STATE 999999999 ID# 99-999999  
 CURRENT DATE: MM/DD/YY CUTOFF DATE: MM/DD/YY

STATE/RECAP	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO	
RO RECAP	OTHER COMMERCIAL		99.9	99,999,999	999,999	99,999	9.9
	OTHER DEVELOPMENTAL		.9	9,999,999	99,999	9,999	.9
	OTHER ASSIGN RISK		.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL		.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL		.9	9,999,999	99,999	9,999	.9
	CAT ASSIGN RISK		9.9	999,999,999	999,999	99,999	9.9
	REVENUE COMMERCIAL		.9	9,999,999	99,999	9,999	.9
	REVENUE DEVELOPMENTAL		9.9	9,999,999	99,999	9,999	.9
	REVENUE ASSIGN RISK		9.9	9,999,999	99,999	9,999	.9
	SUBTOTAL 1			999,999,999	999,999	99,999	9.9
	OTHER COMMERCIAL		.9	9,999,999	99,999	9,999	.9
	OTHER DEVELOPMENTAL		.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL		.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL		.9	9,999,999	99,999	9,999	.9
	REVENUE COMMERCIAL		.9	999,999,999	999,999	99,999	9.9
	REVENUE DEVELOPMENTAL		.9	9,999,999	99,999	9,999	.9
	ASSIGN RISK		9.9	9,999,999	99,999	9,999	.9
	REVISED SUBTOTAL 1			999,999,999	99,999	99,999	9.9
	OTHER COMMERCIAL		.9	9,999,999	99,999	9,999	.9
	OTHER DEVELOPMENTAL		.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL		.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL		.9	9,999,999	99,999	9,999	.9
	REVENUE COMMERCIAL		9.9	999,999,999	999,999	99,999	9.9
	REVENUE DEVELOPMENTAL		.9	9,999,999	99,999	9,999	.9
	ASSIGN RISK		9.9	9,999,999	99,999	9,999	.9
	RETAINED SUBTOTAL 2			999,999,999	999,999	99,999	9.9

(CONTINUED)

(CONTINUED)

FR7YY40M

RO XX  
XXXXXX INSURANCE COMPANY  
C/O XXXXX INSURANCE COMPANY  
P.O. BOX 999  
CITY, STATE 999999999 ID# 99-999999  
CURRENT DATE: MM/DD/YY

FCIC REINSURANCE RUN  
REINSURANCE YEAR 1999

CUTOFF DATE: MM/DD/YY

STATE/COUNTY/CROP	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
RO RECAP	OTHER COMMERCIAL	9.9	999,999,999	999,999	99,999	9.9
	OTHER DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	9.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL	9.9	9,999,999	99,999	9,999	.9
	REVENUE COMMERCIAL	9.9	9,999,999	99,999	9,999	.9
	REVENUE DEVELOPMENTAL	9.9	9,999,999	99,999	9,999	.9
	ASSIGN RISK	9.9	9,999,999	99,999	9,999	.9
	RETAINED SUBTOTAL 3		999,999,999	999,999	99,999	9.9
	OTHER COMMERCIAL			999,999,999	999,999	
	OTHER DEVELOPMENTAL			9,999,999	99,999	
	CAT COMMERCIAL			9,999,999	99,999	
	CAT DEVELOPMENTAL			9,999,999	99,999	
	REVENUE COMMERCIAL			9,999,999	99,999	
	REVENUE DEVELOPMENTAL			9,999,999	99,999	
	ASSIGN RISK			9,999,999	99,999	
	SUBTOTAL 4			999,999,999	999,999	
	OTHER COMMERCIAL GAIN/LOSS			999,999,999		
	CAT COMMERCIAL GAIN/LOSS			9,999,999		
	REVENUE COMMERCIAL GAIN/LOSS			999,999		
	OTHER DEVELOPMENTAL GAIN/LOSS			999,999,999		
	CAT DEVELOPMENTAL GAIN/LOSS			9,999,999		
	REVENUE DEVELOPMENTAL GAIN/LOSS			999,999		
	ASSIGN RISK GAIN/LOSS			9,999		
	STATE GAIN/LOSS			999,999		
	RESERVE FOR LOSSES			999,999		
	RESERVE FOR LOSSES APPLIED			9		
	RESERVE FOR LOSSES BALANCE			999,999		

RO XX

MONTHLY RECONCILIATION REDUCTION WORKSHEET  
REINSURANCE YEAR YY  
MONTHLY

Page: 1  
FR70039T-20

MM/DD/YY MONTHLY PROCESSING DATE: MM/DD/YY

PREMIUM:	MISSING PREMIUM	2,222.22
	PREMIUM DISCREPANCIES	.00
	TOTAL PREMIUM REDUCTION	5,555.55
PAIDS:	PAID DISCREPANCIES	1,111.11
	TOTAL PAIDS REDUCTION	1,111.11
LOSSES:	MISSING LOSSES	4,444.44
	LOSS DISCREPANCIES	5,555.55
	TOTAL LOSS REDUCTION	9,999.99
	TOTAL RECONCILIATION REDUCTION	18,888.87
NON-CAT SUBSIDY FACTOR	.38110441	

RO XX

MONTHLY RECONCILIATION REDUCTION WORKSHEET  
REINSURANCE YEAR YY  
ANNUAL SETTLEMENT

Page: 1  
FR70039T-20

MM/DD/YY

MONTHLY PROCESSING DATE: MM/DD/YY

PREMIUM:	MISSING PREMIUM	2,222.22
	MISSING PREMIUM - INPUT NOT ON SUMMARY	1,111.11
	PREMIUM DISCREPANCIES (GRP)	.00
	PREMIUM DISCREPANCIES (NON-GRP)	3,333.33
	TOTAL PREMIUM REDUCTION	6,666.66
LOSS CR:	MISSING LOSS CREDITS	.00
	LOSS CREDIT DISCREPANCIES	2,222.22
	TOTAL LOSS CREDITS REDUCTION	2,222.22
LOSSES:	MISSING LOSSES	4,444.44
	LOSS DISCREPANCIES	5,555.55
	TOTAL LOSS REDUCTION	9,999.99
	TOTAL RECONCILIATION REDUCTION	18,888.87
NON-CAT SUBSIDY FACTOR	.38110441	

MONTHLY RECONCILIATION  
MISSING POLICIES - PREMIUM

RO XX

MM/DD/YY	MONTHLY PROCESSING DATE: MM/DD/YY					NON-CAT		CAT
<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>PREMIUM</u>	<u>PREMIUM</u>	<u>PREMIUM</u>	
XX	XX	999	999999	YY	<u>DATABASE</u>	<u>COMPANY</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
					999999		999999	0
*TOTAL RPT_ORGAN XX					999999		999999	0

RO XX

MONTHLY RECONCILIATION  
MISSING PREMIUM - INPUT NOT ON SUMMARY

PAGE: 1  
FR70039T-3

MM/DD/YY	MONTHLY PROCESSING DATE: MM/DD/YY					NON-CAT	CAT
<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>PREMIUM</u>	<u>PREMIUM</u>	<u>PREMIUM</u>
XX	XX	999	999999	YY	<u>DATABASE</u>	<u>COMPANY</u>	<u>DIFFERENCE</u>
					999999	999999	0
*TOTAL RPT_ORGAN XX					999999	999999	0

RO XX

MONTHLY RECONCILIATION  
DISCREPANCIES OF PREMIUM

PAGE: 1  
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MM/DD/YY	MONTHLY PROCESSING DATE: MM/DD/YY				CROP	COV	PREMIUM	PREMIUM	PREMIUM	PREMIUM	PREMIUM
RO	ST	CO	POLICY	YR	CODE	FLAG	DATABASE	COMPANY	DIFFERENCE	COMPARE (+)	COMPARE (-)
XX	XX	999	999999	YY	011	N	949	950	-1		-1
	XX	999	999999	YY	051	N	13,949	13,950	-1		-1
	XX	999	999999	YY	041	N	781	636	145	145	
			999999	YY	075	N	482	356	126	126	
			999999	YY	081	N	797	488	309	309	
	XX	999	999999	YY	011	N	10,931	10,659	272	272	
		999	999999	YY	041	N	7,828	7,791	37	37	
	XX	999	999999	YY	011	C	2,100	2,422	-322		-322
*TOTAL RPT_ORGAN XX							37,817	37,252	565	889	-324

RO XX

MONTHLY RECONCILIATION  
MISSING LOSSES BY POLICY

PAGE: 1  
FR70039T-7

MM/DD/YY	MONTHLY PROCESSING DATE: MM/DD/YY				LOSSES	LOSSES	LOSSES
<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>DATABASE</u>	<u>COMPANY</u>	<u>DIFFERENCE</u>
XX	XX	999	999999	YY	17		17
	XX	999	999999	YY	110		110
	XX	999	999999	YY	625		625
			999999	YY	1,863		1863
*TOTAL RPT_ORGAN XX					2,615		2,615



RO XX

MONTHLY RECONCILIATION  
MISSING LOSSES - INPUT NOT ON SUMMARY

PAGE: 1  
FR70039T-8

MM/DD/YY	MONTHLY PROCESSING DATE: MM/DD/YY				LOSSES	LOSSES	LOSSES
<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>DATABASE</u>	<u>COMPANY</u>	<u>DIFFERENCE</u>
XX	06	999	999999	YY		6,059	-6,059
	46	999	999999	YY		2,014	-2,014
	47	999	999999	YY		15,951	-15,951
*TOTAL RPT_ORGAN XX						24,024	-24,024

RO XX

MONTHLY RECONCILIATION  
DISCREPANCIES OF LOSSES BY POLICY

PAGE: 1  
FR70039T-9

MM/DD/YY MONTHLY PROCESSING DATE: MM/DD/YY

<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>LOSSES</u> <u>DATABASE</u>	<u>LOSSES</u> <u>COMPANY</u>	<u>LOSSES</u> <u>DIFFERENCE</u>	<u>LOSSES</u> <u>COMPARE (+)</u>	<u>LOSSES</u> <u>COMPARE (-)</u>
XX	XX	999	999999	YY	78	122	-44		-44
	XX	999	999999	YY	4,395	4,922	-527		-527
	XX	999	999999	YY	2,325	1,200	1,125	1,125	
*TOTAL RPT_ORGAN XX					6,798	6,244	554	1,125	-571

RO XX

MONTHLY RECONCILIATION  
MISSING PAIDS BY POLICY

PAGE: 1  
FR70039T-11

MM/DD/YY	MONTHLY PROCESSING DATE: MM/DD/YY				PAID	PAID	PAID
<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>DATABASE</u>	<u>COMPANY</u>	<u>DIFFERENCE</u>
XX	XX	999	999999	YY	245		245
*TOTAL RPT_ORGAN XX					245		245

RO XX

MONTHLY RECONCILIATION  
MISSING PAIDS - INPUT NOT ON SUMMARY

PAGE: 1  
FR70039T-12

MM/DD/YY	MONTHLY PROCESSING DATE: MM/DD/YY				PAID	PAID	PAID
<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>DATABASE</u>	<u>COMPANY</u>	<u>DIFFERENCE</u>
XX	XX	999	999999	YY		1,076	-1,076
	XX	999	999999	YY		67	-67
	XX		999999	YY		528	-528
	XX		999999	YY		439	-439
			999999	YY		570	-570
	XX		999999	YY		208	-208
	XX		999999	YY		1,747	-1,747
			999999	YY		639	-639
*TOTAL RPT_ORGAN XX						5,274	-5,274

RO XX

MONTHLY RECONCILIATION  
DISCREPANCIES OF PAIDS BY POLICY

PAGE: 1  
FR70039T-13

MM/DD/YY	MONTHLY PROCESSING DATE: MM/DD/YY				PAID	PAID	PAID	PAID	PAID
RO	ST	CO	POLICY	YR	DATABASE	COMPANY	DIFFERENCE	COMPARE (+)	COMPARE (-)
XX	XX	999	999999	YY	4,658	4,798	-140		-140
			999999	YY	9,484	9,485	-1		-1
			999999	YY	24,732	24,733	-1		-1
			999999	YY	5,668	5,879	-211		-211
			999999	YY	757	758	-1		-1
			999999	YY	1,279	1,280	-1		-1
			999999	YY	11,916	11,913		3	
			999999	YY	2,306	2,307	-1		-1
			999999	YY	3,496	3,497	-1		-1
*TOTAL RPT_ORGAN XX					64,296	64,650	-354	3	-357

RO XX

MONTHLY RECONCILIATION  
MISSING LOSS-CREDITS BY POLICY

PAGE: 1  
FR70039T-15

MM/DD/YY	MONTHLY PROCESSING DATE: MM/DD/YY				LOSS CREDITS	LOSS CREDITS	LOSS CREDITS
<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>DATABASE</u>	<u>COMPANY</u>	<u>DIFFERENCE</u>
XX	XX	999	999999	YY	460		460
	XX	999	999999	YY	188		188
	XX	999	999999	YY	1		1
	XX	999	999999	YY	46		46
			999999	YY	494		494
*TOTAL RPT_ORGAN XX					1,189		1,189

RO XX

MONTHLY RECONCILIATION  
MISSING LOSS-CREDITS - INPUT NOT ON SUMMARY

PAGE: 1  
FR70039T-16

MM/DD/YY	MONTHLY PROCESSING DATE: MM/DD/YY				LOSS CREDITS	LOSS CREDITS	LOSS CREDITS
<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>DATABASE</u>	<u>COMPANY</u>	<u>DIFFERENCE</u>
XX	XX	999	999999	YY		4,347	-4,347
	XX	999	999999	YY		431	-431
	XX	999	999999	YY		1,425	-1,425
*TOTAL RPT_ORGAN XX						6,203	-6,203

RO XX

MONTHLY RECONCILIATION  
DISCREPANCIES OF LOSS-CREDITS BY POLICY

PAGE: 1  
FR70039T-17

MM/DD/YY MONTHLY PROCESSING DATE: MM/DD/YY

<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>LOSS CREDITS DATABASE</u>	<u>LOSS CREDITS COMPANY</u>	<u>LOSS CREDITS DIFFERENCE</u>	<u>LOSS CREDITS COMPARE (+)</u>	<u>LOSS CREDITS COMPARE (-)</u>
XX	XX	999	999999	YY	1,964	982	982	982	
		999	999999	YY	1,750	1,555	195	195	
	XX	999	999999	YY	1,520	3,040	-1,520		-1,520
*TOTAL RPT_ORGAN XX					5,234	5,577	343	1,177	-1,520



RO XX  
 XXXXXX INSURANCE COMPANY  
 P.O. BOX 999  
 CITY, STATE 999999999 ID # 99-999999  
 CURRENT DATE: MM/DD/YY  
 MONTHLY PROCESSING DATE: MM/DD/YY

MONTHLY RECONCILIATION  
 LIMITED COVERAGE FEES EXCEEDING LIMITATION REPORT  
 ACROSS DELIVERY SYSTEMS

SSN	LOC ST	LOC CTY	TRANS. DATE	TRANS. TIME	RO	ADM. ST	ADM. CTY	CROP CODE	COV TYPE	POLICY	ENT TYP	NAME	YR	FEES COLLECTED	EXCESS FEES (COUNTY LIMIT.)	EXCESS FEES (PROD. LIMIT.)
XXXXXXXXXX	XX	001	1/1/YY	06.00.00	XX	99	001	011	998	999999	I	DOE, JOHN	YY	50	-0	0
			1/1/YY	06.00.00	ZZ	99	001	021	998	999999	I	DOE, JOHN	YY	50	-0	0
			2/1/YY	06.00.00	XX	99	001	031	998	999999	I	DOE, JOHN	YY	50	-0	0
			2/1/YY	06.00.00	XX	99	001	051	998	999999	I	DOE, JOHN	YY	50	-0	50
			2/2/YY	06.00.00	YY	99	001	081	998	000001	I	DOE, JON	YY	50	50	0
			2/9/YY	06.00.00	ZZ	99	001	091	998	000001	I	DOE, JON	YY	50	50	0
			3/1/YY	06.00.00	YY	99	001	071	998	000001	I	DOE, JON	YY	50	50	0
			4/1/YY	06.00.00	YY	99	001	041	998	000001	I	DOE, JON	YY	50	50	0
	TOTALS BY COUNTY													400	200	50
	002		1/1/YY	06.00.00	XX	99	001	011	998	999999	I	DOE, JOHN	YY	50	-0	0
			1/1/YY	06.00.00	ZZ	99	001	021	998	999999	I	DOE, JOHN	YY	50	-0	0
			2/1/YY	06.00.00	XX	99	001	031	998	999999	I	DOE, JOHN	YY	50	-0	0
			2/1/YY	06.00.00	XX	99	001	051	998	999999	I	DOE, JOHN	YY	50	-0	50
			2/2/YY	06.00.00	YY	99	001	081	998	000001	I	DOE, JON	YY	50	50	0
			2/9/YY	06.00.00	ZZ	99	001	091	998	000001	I	DOE, JON	YY	50	50	0
			3/1/YY	06.00.00	YY	99	001	071	998	000001	I	DOE, JON	YY	50	50	0
			4/1/YY	06.00.00	YY	99	001	041	998	000001	I	DOE, JON	YY	50	50	0
	TOTALS BY COUNTY													400	200	50
	003		1/1/YY	06.00.00	XX	99	001	011	998	999999	I	DOE, JOHN	YY	50	-0	0
			1/1/YY	06.00.00	ZZ	99	001	021	998	999999	I	DOE, JOHN	YY	50	-0	0
			2/1/YY	06.00.00	XX	99	001	031	998	999999	I	DOE, JOHN	YY	50	-0	0
			2/1/YY	06.00.00	XX	99	001	051	998	999999	I	DOE, JOHN	YY	50	-0	50
			2/2/YY	06.00.00	YY	99	001	081	998	000001	I	DOE, JON	YY	50	50	0
			2/9/YY	06.00.00	ZZ	99	001	091	998	000001	I	DOE, JON	YY	50	50	0
			3/1/YY	06.00.00	YY	99	001	071	998	000001	I	DOE, JON	YY	50	50	0
			4/1/YY	06.00.00	YY	99	001	041	998	000001	I	DOE, JON	YY	50	50	0
	TOTALS BY COUNTY													400	200	50
	004		1/1/YY	06.00.00	XX	99	001	011	998	999999	I	DOE, JOHN	YY	50	-0	0
			1/1/YY	06.00.00	ZZ	99	001	021	998	999999	I	DOE, JOHN	YY	50	-0	0
			2/1/YY	06.00.00	XX	99	001	031	998	999999	I	DOE, JOHN	YY	50	-0	0
			2/1/YY	06.00.00	XX	99	001	051	998	999999	I	DOE, JOHN	YY	50	-0	50
			2/2/YY	06.00.00	YY	99	001	081	998	000001	I	DOE, JON	YY	50	50	0
			2/9/YY	06.00.00	ZZ	99	001	091	998	000001	I	DOE, JON	YY	50	50	0
			3/1/YY	06.00.00	YY	99	001	071	998	000001	I	DOE, JON	YY	50	50	0
			4/1/YY	06.00.00	YY	99	001	041	998	000001	I	DOE, JON	YY	50	50	0
	TOTALS BY COUNTY													400	200	50
TOTALS BY SSN														1600	800	200
GRAND TOTAL														1600	800	200

THIS REPORT EXCLUDES ALL REFUNDED FEES.

MONTHLY RECONCILIATION  
 FOR RO = XX/ RY = 99  
 DUPLICATE REPORT  
 ACROSS DELIVERY SYSTEMS

DUP001  
 PAGE 1

CURRENT DATE: MM/DD/YY

CUTOFF DATE: YY/MM/DD

LOC ST	LOC CTY	SSN	CROP CODE	CROP TYPE	E T	I D	TRANS. DATE	ADM RO	ADM ST	CO/ ADM CTY	POLICY	C F	H R	NAME	YR	FEE ASSESSED	EXCESS DUPE FEES	R E F	ACRES	LOSS	STOP
XX	083	999999999	021	998	I	1	12/19/95	AA	XX	001	999999	L	0	ROBINSON	YY	50	0	Y	N	STOP	
					I	1	03/15/96	BB	XX	004	555555	L	0	ROBINSON	YY	50	50	Y	N	STOP	
			041	998	I	1	12/19/95	AA	XX	001	999999	L	0	ROBINSON	YY	50	0	Y	N	OK	
					I	1	03/15/96	BB	XX	004	555555	L	0	ROBINSON	YY	0	0	N	N	STOP	
			081	998	I	1	12/19/95	AA	XX	001	999999	L	0	ROBINSON	YY	50	0	Y	N	STOP	
					I	1	03/15/96	BB	XX	004	555555	L	0	ROBINSON	YY	50	50	Y	N	STOP	
	089	888888888	021	998	I	1	12/07/95	BB	XX	002	666666	C	0	LEMON	YY	0	0	N	N	STOP	
					I	1	04/11/96	CC	XX	004	777777	C	0	LEMON	YY	50	0	Y	N	OK	
YY	001	777777777	011	998	I	1	11/03/95	BB	00	005	111111	A	0	HENDERSON	YY	10	0	Y	N	OK	
					I	1	04/09/96	CC	05	007	222222	C	0	HENDERSON	YY	0	0	N	N	STOP	
TOTAL																310	100				

MONTHLY RECONCILIATION  
 FOR RO = XY/ RY = 99  
 POLICIES WITH DUPLICATE LOSSES  
 ACROSS DELIVERY SYSTEMS

PAGE 1

CURRENT DATE: MM/DD/YY

CUTOFF DATE: YY/MM/DD

LOC ST	LOC CTY	SSN	CROP CODE	CROP TYPE	E N	I D	TRANS. DATE	RO	ADM ST	CO ADM CTY	POLICY	COV FLG	HR FLG	NAME	CY	FEE ASSESSED	EXCESS FEE TO RESOLVE	R E F	ACRES	LOSS	POL TO DEL
XX	001	111111111	011	998	P	2	11/03/95	AA	00	010	222222	A	0	BOB SMITH	YY	50	0	Y	Y	Y	YES
					P	2	11/03/95	BB	00	030	333333	A	0	ROB SMITH	YY	50	50	Y	Y	Y	YES
XX	002	444444444	021	998	I	1	12/07/95	AA	TX	045	555555	A	0	JONES	YY	0	0	Y	Y	Y	YES
					I	1	12/07/95	AA	TX	028	888888	A	0	FRANKLIN	YY	0	0	Y	Y	Y	YES
TOTAL																100	50				

MONTHLY RECONCILIATION  
 DUPLICATE ACREAGE REPORT  
 ACROSS DELIVERY SYSTEMS  
 REINSURANCE YEAR - 1999

DUP003  
 PAGE XX

CURRENT DATE: MM/DD/YY / 15.37.01 CUTOFF DATE: YY/MM/DD

LOC ST ---	LOC CTY ---	SSN ---	CROP CODE ---	CROP TYPE ---	E N I T D	TRANS. DATE -----	RO	ADM ST ---	CO ADM CTY ---	POLICY -----	COV FLG ---	HR FLG ---	NAME -----	CY ---	EXCESS FEES TO		ACRES -----	LOSS -----	DUPE ACRE -----
															FEES ASSESSED	RESOLVE			
XX	015	111111111	011	998	J 1	01/10/96	XX	00	043	111111	A	0	A&D HUBBS	YY	50	0	Y	N	YES
					I 1	01/10/96	ZZ	00	043	222222	A	0	HUBBS	YY	50	50	Y	N	YES
	021	444444444	011	998	I 1	10/30/95	CC	00	074	333333	A	0	CONLEY	YY	50	0	Y	N	YES
					I 1	12/02/95	MH	00	085	444444	C	0	CONLEY	YY	50	50	Y	N	YES
					I 1	10/30/95	XX	00	142	555555	A	0	MARTIN	YY	0	0	Y	N	YES
					I 1	12/03/95	ZZ	00	131	666666	C	0	SUSAN	YY	50	0	Y	N	YES
		555555555	011	998	C 2	10/27/95	QQ	00	586	777777	A	0	M.HANSON&	YY	0	0	Y	N	YES
					C 2	12/02/95	RR	00	136	888888	A	0	C.HANSON&	YY	0	0	Y	N	YES
		666666666	011	998	C 2	10/27/95	QQ	00	586	777777	A	0	M.HANSON&	YY	0	0	Y	N	YES
					C 2	12/02/95	RR	00	136	888888	A	0	C.HANSON&	YY	0	0	Y	N	YES
TOTAL															250	100			

FCIC SUMMARY REPORT (MONTHLY)  
(PREMIUM DUE WITHOUT PAYMENTS WORK SHEET)  
REINSURANCE YEAR 19YY

PDW

RO XX  
SOME REINSURANCE COMPANY  
C/O INSURANCE COMPANY  
P.O. BOX 999  
YOUR CITY, ST 999999999 ID# 99-9999999  
CURRENT DATE: MM/DD/YY

CUTOFF DATE: MM/DD/YY

		(A)	(B)	(C)	(D)	(E)	(F)	(H)
		CURRENT REPORT	PREVIOUS PEAK	RPT DATE OF PEAK	INC OF PREM DUE WO PAYM	NBR DAYS INTEREST	INTEREST DUE (%) (D) (E)	TOTAL OF INTEREST (-F)
MONTH								
DEC	19YY			_____	_____	_____	_____	_____
MARCH	19YY	0	0	_____	_____	_____	_____	_____
MAY	19YY	_____	_____	_____	_____	_____	_____	_____
JULY	19YY	_____	_____	_____	_____	_____	_____	_____
OCTOBER	19YY	_____	_____	_____	_____	_____	_____	_____
JANUARY	2000	_____	_____	_____	_____	_____	_____	_____
TOTAL								_____

EXAMPLE 3:

PREMIUM DUE WITHOUT (W/O) PAYMENTS

<u>PREMIUM PAYMENT DUE DATE</u>	<u>REPORT DATE</u>	<u>TOTAL PREMIUM DUE W/O PMT.</u>	<u>AMOUNT OF INCREASES IN PREMIUM FROM PREVIOUS PEAK</u>	<u>DAYS (365 DAY YR.) (EXACT DAYS)</u>	<u>INTEREST RATE</u>	<u>INTEREST AMOUNT</u>	<u>NOTE REF.</u>
11/01/YY	11/06/YY	\$1,000,000	\$0	0	0	\$0.00	1
11/01/YY	12/11/YY	\$1,200,000	\$200,000	61	15%	\$5,013.70	2
11/01/YY	01/09/2000	\$1,300,000	\$100,000	92	15%	\$3,780.82	3
11/01/YY	02/12/2000	\$1,100,000	\$0	0	15%	\$0.00	4
11/01/YY	03/12/2000	\$1,400,000	\$100,000	151	15%	\$6,205.48	5

1. Total premium with an October billing date is due to FCIC on October 31.
2. Total premium with an October billing date due to FCIC October 31 has increased by \$200,000. The premium should have been reported on the November report. The company is charged for two full month's interest on the December report.
3. Total premium with an October billing date due to FCIC October 31 has increased by \$100,000 during January. The premium should have been reported on the November report. The company is charged three full month's interest on the January report.
4. The total premium reported did not increase during the month.
5. Total premium with an October billing date due to FCIC October 31 has further increased during the month by another \$100,000. The premium should have been reported on the November report. The company is charged five month's interest.

FCIC SUMMARY REPORT (MONTHLY)  
(PREMIUM DUE WORK SHEET)  
REINSURANCE YEAR 19YY

PDW

RO XX  
SOME REINSURANCE COMPANY  
C/O INSURANCE COMPANY  
P.O. BOX 999  
YOUR CITY, ST 999999999 ID# 99-9999999  
CURRENT DATE: MM/DD/YY

CUTOFF DATE: MM/DD/YY

		(A)	(B)	(C)	(D)	(E)	(F)	(H)
		INS'DS PREM DUE	PREM PAID BY CO.	PREM UNPAID (A-B)	PREV MONTH UNPAID	NBR DAYS INTEREST	INTEREST DUE (%) (D) (E)	TOTAL OF WORKSHEET (-B-F)
MONTH								
DEC	19YY			_____	_____	_____	_____	_____
MARCH	19YY	0	0	_____	_____	_____	_____	_____
MAY	19YY	_____	_____	_____	_____	_____	_____	_____
JULY	19YY	_____	_____	_____	_____	_____	_____	_____
OCTOBER	19YY	_____	_____	_____	_____	_____	_____	_____
JANUARY	2000	_____	_____	_____	_____	_____	_____	_____
TOTAL								_____
INTEREST DUE FCIC								_____
FCIC DETERMINED OVER PAID								_____

EXAMPLE :

PREMIUM DUE WORKSHEET - OCTOBER PREMIUM DEFERRED (EXAMPLE SHOWING FLOW THROUGH 4 OPERATIONS REPORTS)

REPORT DATE	PREMIUM PAYMENT DUE DATE	(A) INS'DS PREMIUM DUE	(B) PREM PAID BY CO.	(C) PREMIUM UNPAID (A-B)	(D) PREVIOUS MONTH UNPAID	(E) DAYS (365 DAY YEAR)	(F) INTEREST DUE (%*D*E)	(H) TOTAL OF WORKSHEET (-B-F)	NOTE REF
11/DD/YY	OCTOBER/YY	\$3,000,000	\$0	\$3,000,000	\$0	0	\$0.00	\$0.00	1
12/DD/YY	OCTOBER/YY	\$2,200,000	\$0	\$2,200,000	\$3,000,000	61	\$75,205.48	\$75,205.48	2
01/DD/2000	OCTOBER/YY	\$1,500,000	\$0	\$1,500,000	\$2,200,000	31	\$28,027.40	\$28,027.40	3
02/DD/2000	OCTOBER/YY	\$750,000	\$0	\$750,000	\$1,500,000	28	\$17,260.27	\$17,260.27	4

1. Premium with an October billing date is deferred. No interest is due on this report.
2. Interest is charged on the \$3,000,000 of premium deferred the previous month (Column D) at an annual rate of 15% for the period 11/01/YY through 12/31/YY.
3. Interest is charged on the \$2,200,000 of premium deferred the previous month (Column D) at an annual rate of 15% for the period 01/01/2000 through 01/31/2000.
4. Interest is charged on the \$1,500,000 of premium deferred the previous month (Column D) at an annual rate of 15% for the period 02/01/2000 through 02/28/2000. Since this is the annual settlement report, all premium is due FCIC on this report even if it remains uncollected.



EXAMPLE :

PREMIUM DUE WORKSHEET - OCTOBER PREMIUM PAID BY COMPANY

REPORT DATE	PREMIUM PAYMENT DUE DATE	(A) INS'DS PREMIUM DUE	(B) PREM PAID BY CO.	(C) PREMIUM UNPAID (A-B)	(D) PREVIOUS MONTH UNPAID	(E) DAYS (365 DAY YEAR)	(F) INTEREST DUE (%*D*E)	(H) TOTAL OF WORKSHEET (-B-F)	NOTE REF
11/DD/YY	OCTOBER/YY	3,000,000	3,000,000	0	0	0	0	-2,668,403.60	1
12/DD/YY	OCTOBER/YY	-2,000,000	-2,000,000	0	0	0	0	1,778,935.73	2
01/DD/2000	OCTOBER/YY	-500,000	-500,000	0	0	0	0	444,733.93	3
02/DD/2000	OCTOBER/YY								4

1. PREMIUM WITH OCTOBER BILLING IS PAID BY COMPANY ON THE 11/DD/YY OPERATIONS REPORT.
2. COMPANY HAS MADE COLLECTIONS OF OCTOBER PREMIUM WHICH ARE REFLECTED IN THE "PAIDS" ON THE OPERATIONS REPORT. THIS RESULTS IN A NEGATIVE PREMIUM DUE (COLUMN A).
3. COMPANY HAS MADE ADDITIONAL COLLECTIONS OF OCTOBER PREMIUM.
4. FIRST ANNUAL OPERATIONS REPORT. ALL PREMIUM DUE EVEN IF NOT COLLECTED BY THE COMPANY. NO PREMIUM DUE WORKSHEET NECESSARY.

INSTRUCTION GUIDE FOR FUNDS TRANSFER  
DEPOSIT MESSAGES TO TREASURY

All Government agencies must provide specific information to their depositors so that a funds transfer deposit message can be transmitted to the Department of the Treasury (Treasury). Likewise, the depositors must communicate this information to the bank sending the funds transfer. The funds transfer deposit message format is included within this appendix. A narrative description of each field on the funds transfer deposit message follows:

<u>Field</u>	<u>Content</u>
1	RECEIVER-DFI# - The Treasury Department's ABA number for deposit-messages is 021030004. This number should be entered by the sending bank for all deposit messages sent to the Treasury.
2	TYPE-SUBTYPE-CD - The type and subtype code will be provided by the sending bank.
3	SENDER-DFI# - This number will be provided by the sending bank.
4	SENDER-REF# - The sixteen character reference number is inserted by the sending bank at its option.
5	AMOUNT - The transfer amount must be punctuated with commas and decimal point; use of the "\$" is optional. This item will be provided by the depositor.
6	SENDER-DFI-NAME - This information is automatically inserted by the Federal Reserve Bank.
7	RECEIVER-DFI-NAME - The Treasury Department's name for deposit messages is "TREAS NYC." This name should be entered by the sending bank.
8	PRODUCT CODE - A product code of "CTR" for customer transfer should be the first data in the RECEIVER-TEXT field. Other values may be entered, if appropriate, using the ABA's options. A slash must be entered after the product code.
9	AGENCY LOCATION CODE - THIS ITEM IS OF CRITICAL IMPORTANCE. IT MUST APPEAR ON THE FUNDS TRANSFER DEPOSIT MESSAGE IN THE PRECISE MANNER AS STATED TO ALLOW FOR THE AUTOMATED PROCESSING AND CLASSIFICATION OF THE FUNDS TRANSFER MESSAGE TO THE AGENCY LOCATION CODE OF THE APPROPRIATE AGENCY. The agency location code (ALC) refers to three-, four-, or eight-digit numeric symbols used to identify Government departments and agencies (e.g., accounting stations, disbursing and collecting offices). The agency's unique code must be specified in the funds transfer message in order for the funds to be correctly classified to the respective agency. The ALC identification sequence includes the beneficiary code field tag, BNF-, and identifier code, /AC-, followed by the appropriate ALC number. These three components must be in the following format:

BNF-/AC-nnn		3-digit ALC
	-OR-	
BNF-/AC-nnnn		4-digit ALC
	-OR-	
BNF-/AC-nnnnnnnn		8-digit ALC

The ALC identification sequence can, if necessary, begin on one line and end on the next line; however, the field tag "BNF-" must be one line and cannot contain any spaces.

THIRD PARTY INFORMATION - The appropriate information to identify the reason for the funds transfer should be provided by the agency to the depositor. The originator to Beneficiary Information field tag "OBI-" is used to signify the beginning of the free-form third party text. The field tag "OBI-" must be on the same line and cannot contain any spaces. The field tag is placed following the ALC identification sequence and preceded by a space. An example of this data line using the 8-digit ALC would be as follows:

BNF-/AC-nnnnnnnn OBI

It is important to note that the length of the third party text depends on how close you can place the ALC identification sequence (Field 9) to the PRODUCT CODE (Field 8). Under the Federal Reserve System's Structured Third Party Format, financial institutions have the ability to place additional information fields for their own use between field 8 and field 9. Agencies should instruct their depositors and financial institutions to limit the use of these additional fields, and attempt to adhere to the optimum format for fields 7, 8, 9, and 10. This format using an 8-digit ALC is as follows:

TREAS NYC/CTR/BNF-/AC-nnnnnnnn OBI-

The optimum format, shown above will allow 219 character positions of information following the "OBI-" indicator. The information that is constant for all agencies is shown in the Funds Transfer Deposit Message Format within this appendix. This includes the RECEIVER-DFI# (FIELD 1), the RECEIVER-DFI-NAME (FIELD 7) and the PRODUCT CODE (FIELD 8). In addition to these constant fields, the agency must provide fields 9 and 10 to their depositors and the depositor must provide field 5 to the sending financial institution.

The depositor should inform the financial institution that sends the funds transfers to Treasury to use due care and ensure that all information is provided in the prescribed format. Failure to provide the information in the prescribed format may cause a delay in the notification of the funds transfer to the agency.

A sample of a funds transfer deposit message to Treasury is included within this appendix.

\_\_\_\_\_

021030004 \_\_\_\_\_ (2)

\_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_

\_\_\_\_\_ (6) \_\_\_\_\_

/ \_\_\_\_\_ (7) \_\_\_\_\_ (8) \_\_\_\_\_

TREAS

NYC/CTR/ \_\_\_\_\_

(9)

BNF-/AC-nnnnnnnn

OBI- \_\_\_\_\_ (10)

\_\_\_\_\_

\_\_\_\_\_

RO XX  
 XXXXXX INSURANCE COMPANY  
 P.O. BOX 999  
 CITY, STATE 999999999 ID # 99-999999

FCIC ADMINISTRATIVE REDUCTION REPORT  
 FOR LIMITED AND ADDITIONAL COVERAGE POLICIES  
 REINSURANCE YEAR 19YY  
 MONTHLY

ARA001

CURRENT DATE : MM/DD/YY

CUTOFF DATE : MM/DD/YY

REDUCED AMOUNT

ST	CO	POLICY	CROP CODE	COV FLAG	CROP TYPE	PREMIUM	1.5%	3.0%	4.5%	TOTAL
XX	999	111111	0011	L	001	999	99.99			99.99
		222222	0075	A	001	999		999.99		999.99
XX	999	333333	0081	L	001	999			999.99	999.99
STATE TOTAL							99.99	999.99	999.99	2099.97
GRAND TOTAL							99.99	999.99	999.99	2099.97

	RA	GRP	CRC	OTHER	GRAND
	))))))))))				
TOTAL 1.5%				99.99	99.99
TOTAL 3.0%				999.99	999.99
TOTAL 4.5%				999.99	999.99
	))))))))))				
GRAND TOTAL				2099.97	2099.97

CERTIFIED ESCROW REQUEST

DATE: MM/DD/YY  
TO: Federal Crop Insurance Corporation  
Fiscal Operations Branch  
FROM: RO # \_\_\_\_\_  
XYZ Insurance Company  
Street Address  
City, State, Zip Code  
Subject: MPCF Escrow Account Funding - - Request # YY - XXX  
19YY Reinsurance Year

Total Losses		<u>\$15,800.00</u>
M/Credit Memo This Policy	<u>\$700.00</u>	
P/Credit Memo - Another Policy	<u>800.00</u>	
F/Administrative Fee	<u>0.00</u>	
R/Recovery of Previous Year Premium	<u>1,100.00</u>	
O/Other Deductions	<u>900.00</u>	
Total Deductions		<u>3,500.00</u>
E/Draft Issued, Escrow Used		<u>\$12,300.00</u>

CERTIFIED CORRECT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

NOTE: ANY FALSE CERTIFICATION MADE TO THE CORPORATION MAY SUBJECT THE MAKER TO CRIMINAL AND CIVIL PENALTIES AS PROVIDED IN 18 U.S.C. 287, 1001; 31 U.S.C. 3729 AND 3730.

CHECK REGISTER - XYZ INSURANCE COMPANY

Register No. XXXX Date MM/DD/YY

							M	P	F	R	O		E	
ST	CO. NO	POLICY NO.	INSURED NAME	CLAIM NO	AMOUNT OF LOSS	CREDIT NO.	MEMO AMT	ANOTHER POLICY AMT	ADMIN. FEE	RECOVERY OF PREV PREM	OTHER DEDUCTIONS	DRAFT NO.	ISSUED AMOUNT	CHECK DATE
01	838 1995	022496 008136 001135	F. FARMER	3,302,073	5,000	201	100	100	-0-	200	250	1,001	4,350	MM/DD/YY
02	927 1996	123456 033564 044529	J. SMITH	330,299	10,000	202	500	500	-0-	600	550	1,002	7,850	MM/DD/YY
03	421 1997	787862 088523 099523	B. BREWER	3,303,100	800	203	100	200	-0-	300	100	1,003	100	MM/DD/YY

CERTIFIED CORRECT

SIGNATURE

TITLE

DATE

NOTE: ANY FALSE CERTIFICATION MADE TO THE CORPORATION MAY SUBJECT THE MAKER TO CRIMINAL AND CIVIL PENALTIES AS PROVIDED IN 18 U.S.C. 287, 1001; 31 U.S.C. 3279 AND 3730.

DEPOSIT TO ESCROW ACCOUNT # \_\_\_\_\_ AT \_\_\_\_\_ BANK

LOSSES	15,800.00
M	700.00
P	800.00
F	0.00
R	1,100.00
O	900.00
E (Drafts)	12,300.00