```
RO XX                              FCIC OPERATIONS REPORT                              PAGE:        1
RO TAX ID: 999999999               REINSURANCE YEAR - 2009                             RCP001-C
Reinsured Company Name                     MONTHLY
C/O MGA
Street Address,
City, ST 99999-9999
CURRENT DATE : 10/10/2008  07.26.16   CUTOFF DATE : 10/10/2008
========================================================================================================
                 PREMIUM        PAID       LOSS-CR      SUBSIDY       LOSSES    ADDT SUBSIDY
GROUP RISK            0          .00           0            0            0           0
REVENUE HARV. OPT.    0          .00           0            0            0           0
OTHER                 0          .00           0            0            0           0
   TOTAL NON CAT      0          .00           0            0            0           0
========================================================================================================
CAT                   0                                                 0            0
========================================================================================================
(L/R =    .0000 )                                                       DUE COMPANY         DUE FCIC
a.NET EXPENSE REIMBURSEMENT                                                   .00
b.NET CONTINGENCY FUND                                                                          .00
c.PREMIUM COLLECTED               .00                                                           .00
d.ESCROW AND DRAFTS                            .00          .00               .00
e.LOSS DEDUCTIONS (F,R,O)         .00          .00          .00               .00
f.STATE SUBSIDY                                                              .00
g.COMPANY PREVIOUS PAYMENT                                                    .00
h.FCIC INTEREST PAID                                                         .00
i.LITIGATION EXPENSE                                                         .00
j.NET ADMINISTRATIVE FEE ADJUSTMENT                                                             .00
k.REDUCTIONS DUE TO RECON REPORT DIFFERENCES                                                    .00
l.FCIC INTEREST/PENALTY                                                                         .00
m.FCIC DET OVERPAID                                                                             .00
n.FCIC PREVIOUS PAYMENT                                                                         .00
o.ESCROW FUNDED                                                                                 .00
p.PAID PREVIOUS WORKSHEETS                                                    .00               .00
q.UNDERWRITING LOSS                                                           .00               .00
r.SUBTOTAL                                                                    .00               .00
s.TOTAL FROM CURRENT WORKSHEET                                                .00               .00
t.BALANCE DUE COMPANY/FCIC                                                                      .00
========================================================================================================
                                   ESCROW REIMBURSEMENT
========================================================================================================
u.PREVIOUS ESCROW FUNDED                                                                        .00
v.LESS DRAFTS ISSUED (ESCROW)                                                                   .00
w.ESCROW BALANCE                                                                                .00
========================================================================================================
CERTIFIED CORRECT


_____   _____   _____
NAME                              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
```

```
Reinsured Company Name
C/O MGA
Street Address,
City, ST 99999-9999
CURRENT DATE : 10/10/2008  07.26.16   CUTOFF DATE : 10/10/2008
==================================================================================================
                   PREMIUM          PAID        LOSS-CR        SUBSIDY        LOSSES     ADDT SUBSIDY
GROUP RISK               0           .00              0              0             0              0
REVENUE HARV. OPT.       0           .00              0              0             0              0
OTHER                    0           .00              0              0             0              0
   TOTAL NON CAT         0           .00              0              0             0              0
==================================================================================================
CAT                      0                                           0             0
==================================================================================================


                                                                              DUE COMPANY

ADMINISTRATIVE AND OPERATING SUBSIDY
   GROUP RISK
    GRP/GRIP
    (SRA REIMB RATE 12.0%) - 75% COVERAGE LEVEL        9,999,999              .00
    (SRA REIMB RATE 12.0%) - 80% COVERAGE LEVEL        9,999,999              .00
    (SRA REIMB RATE 12.0%) - 85% COVERAGE LEVEL        9,999,999              .00
    PRF
    (SRA REIMB RATE 20.1%) - 75% COVERAGE LEVEL        9,999,999              .00
    (SRA REIMB RATE 17.8%) - 80% COVERAGE LEVEL        9,999,999              .00
    (SRA REIMB RATE 17.1%) - 85% COVERAGE LEVEL        9,999,999              .00
        TOTAL GROUP RISK                                                                  .00
   REVENUE HARV. OPT.
    (SRA REIMB RATE 18.5%) - 75% COVERAGE LEVEL        9,999,999              .00
    (SRA REIMB RATE 16.4%) - 80% COVERAGE LEVEL        9,999,999              .00
    (SRA REIMB RATE 15.8%) - 85% COVERAGE LEVEL        9,999,999              .00
        TOTAL REVENUE                                                                     .00
   OTHER
    (SRA REIMB RATE 21.9%) - 75% COVERAGE LEVEL        9,999,999              .00
    (SRA REIMB RATE 19.4%) - 80% COVERAGE LEVEL        9,999,999              .00
    (SRA REIMB RATE 18.7%) - 85% COVERAGE LEVEL        9,999,999              .00
        TOTAL OTHER                                                                       .00

   TOTAL ADMINISTRATIVE AND OPERATING SUBSIDY                                             .00


CAT LOSS ADJUSTMENT   (6.0%)                           9,999,999                          .00



NET EXPENSE REIMBURSEMENT                                                                 .00
==================================================================================================
```

```
RO XX                                   FCIC STATE REIMBURSEMENT REPORT                              PAGE:        1
RO TAX ID: 999999999                        REINSURANCE YEAR - 2009                                  INS002
RO NAME
C/O
STREET ADDRESS
CITY, ST 99999-0000
CURRENT DATE: 06/10/2008 08.27.12      CUTOFF DATE: 06/08/2008
========================================================================================================================
        RATE   PLAN   INS     COV     REIMBURSE          TOTAL            REIMBURSEMENT
ST      CHG    GROUP  PLAN    LVL     RATE               PREMIUM          AMOUNT
========================================================================================================================

AL      Y      CAT    41      .5000   .06000             999,999          9,999.99
                      86      .5000   .06000             999,999          9,999.99
                      90      .5000   .06000             999,999          9,999.99
               GRP    73      .9000   .12000             999,999          9,999.99
               OTH    41      .5000   .23050             999,999          9,999.99
                      86      .5000   .23050             999,999          9,999.99
                              .7500   .23050             999,999          9,999.99
                      90      .5000   .23050             999,999          9,999.99
                              .7500   .23050             999,999          9,999.99
                              .8500   .19850             999,999          9,999.99
               REV    44      .5000   .19650             999,999          9,999.99
                              .7000   .19650             999,999          9,999.99
                              .7500   .19650             999,999          9,999.99

     *TOTAL STATE AL                                     9,999,999        99,999.99

WY      N      CAT    41      .5000   .06000             999,999          9,999.99
                      86      .5000   .06000             999,999          9,999.99
                      90      .5000   .06000             999,999          9,999.99
               GRP    73      .9000   .12000             999,999          9,999.99
               OTH    41      .5000   .21900             999,999          9,999.99
                      86      .5000   .21900             999,999          9,999.99
                              .7500   .19400             999,999          9,999.99
                      90      .5000   .21900             999,999          9,999.99
                              .7500   .19400             999,999          9,999.99
                              .8500   .18700             999,999          9,999.99
               REV    44      .5000   .18500             999,999          9,999.99
                              .8000   .16400             999,999          9,999.99
                              .9000   .15800             999,999          9,999.99

     *TOTAL STATE WY                                     9,999,999        99,999.99

     TOTAL                                               99,999,999       999,999.99
```

1 - 3

```
RO XX                            FCIC OPERATIONS REPORT                          PAGE:        1
RO TAX ID: 999999999             REINSURANCE YEAR - 2009                         RCP002-C
Reinsured Company Name                   ANNUAL
C/O MGA
Street Address,
City, ST 99999-9999
CURRENT DATE : 10/10/2008  07.26.16    CUTOFF DATE : 10/10/2008
=========================================================================================================
                   PREMIUM          PAID       LOSS-CR       SUBSIDY        LOSSES     ADDT SUBSIDY
GROUP RISK               0           .00             0             0             0             0
REVENUE HARV. OPT.       0           .00             0             0             0             0
OTHER                    0           .00             0             0             0             0
   TOTAL NON CAT         0           .00             0             0             0             0
=========================================================================================================
CAT                      0                                         0             0
=========================================================================================================
(L/R =    .0000 )                                                          DUE COMPANY       DUE FCIC
a.NET EXPENSE REIMBURSEMENT ADJUSTMENT                                            .00
b.NET CONTINGENCY FUND                                                                             .00
c.PREMIUM COLLECTED                       .00                                                      .00
d.LOSS-CR, ESCROW AND DRAFTS              .00          .00           .00          .00
e.LOSS DEDUCTIONS (F,R,O)                 .00          .00           .00          .00
f.STATE SUBSIDY                                                                   .00
g.SUBSIDY                                                                         .00
h.ADDITIONAL SUBSIDY                                                              .00
i.COMPANY PREVIOUS PAYMENT                                                        .00
j.FCIC INTEREST PAID                                                              .00
k.LITIGATION EXPENSE                                                              .00
l.NET ADMINISTRATIVE FEE ADJUSTMENT                                                                .00
m.REDUCTIONS DUE TO RECON REPORT DIFFERENCES                                                       .00
n.FCIC INTEREST/PENALTY                                                                            .00
o.FCIC DET OVERPAID                                                                                .00
p.FCIC PREVIOUS PAYMENT                                                                            .00
q.ESCROW FUNDED                                                                                    .00
r.PAID PREVIOUS WORKSHEETS                                                        .00              .00
s.UNDERWRITING GAIN/LOSS                                                          .00              .00
t.SUBTOTAL                                                                        .00              .00
u.TOTAL FROM CURRENT WORKSHEET                                                    .00              .00
v.BALANCE DUE COMPANY/FCIC                                                                         .00
=========================================================================================================
                                   ESCROW REIMBURSEMENT
=========================================================================================================
w.PREVIOUS ESCROW FUNDED                                                                           .00
x.LESS DRAFTS ISSUED (ESCROW)                                                                      .00
y.ESCROW BALANCE                                                                                   .00
=========================================================================================================
CERTIFIED CORRECT


_____  _____  _____
NAME                              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
```

```
RO XX                                      FCIC ADMINISTRATIVE FEE REPORT
RO TAX ID:  999999999                         REINSURANCE YEAR 2009                                    FEE002
REINSURANCE COMPANY NAME                         (MONTHLY)
C/O MGA
Street Address,
CITY, STATE 99999-9999
CURRENT DATE : 10/10/2008  07.26.16    CUTOFF DATE : 10/10/2008
=================================================================================================================

CAT FEES DUE FCIC                                    9,900.00
ADDITIONAL COVERAGE FEES COLLECTED                         .00
LESS COMPANY CAT FEES REDUCTION                      1,000.00

        ADMINISTATIVE FEES DUE FCIC                  8,900.00
```
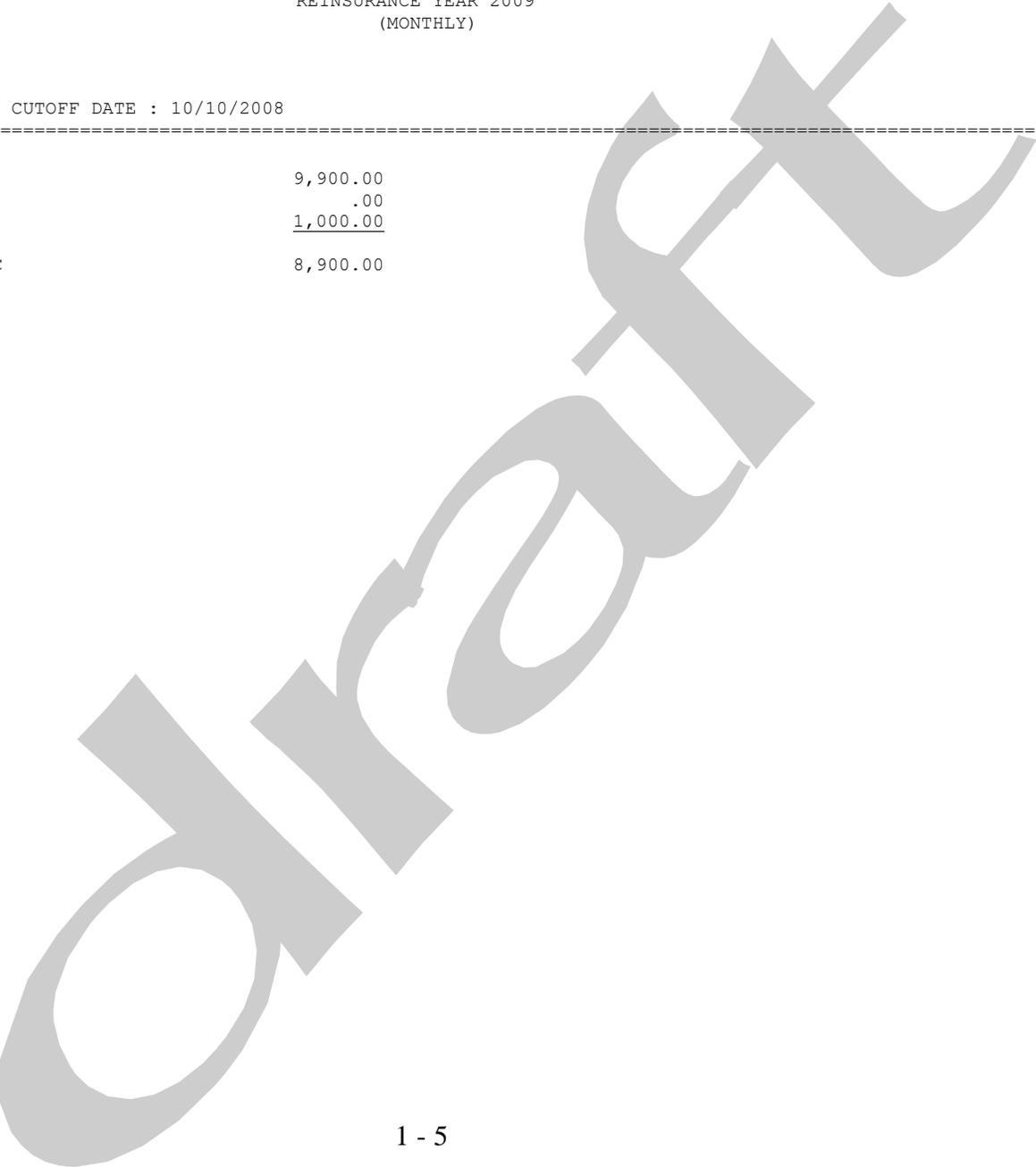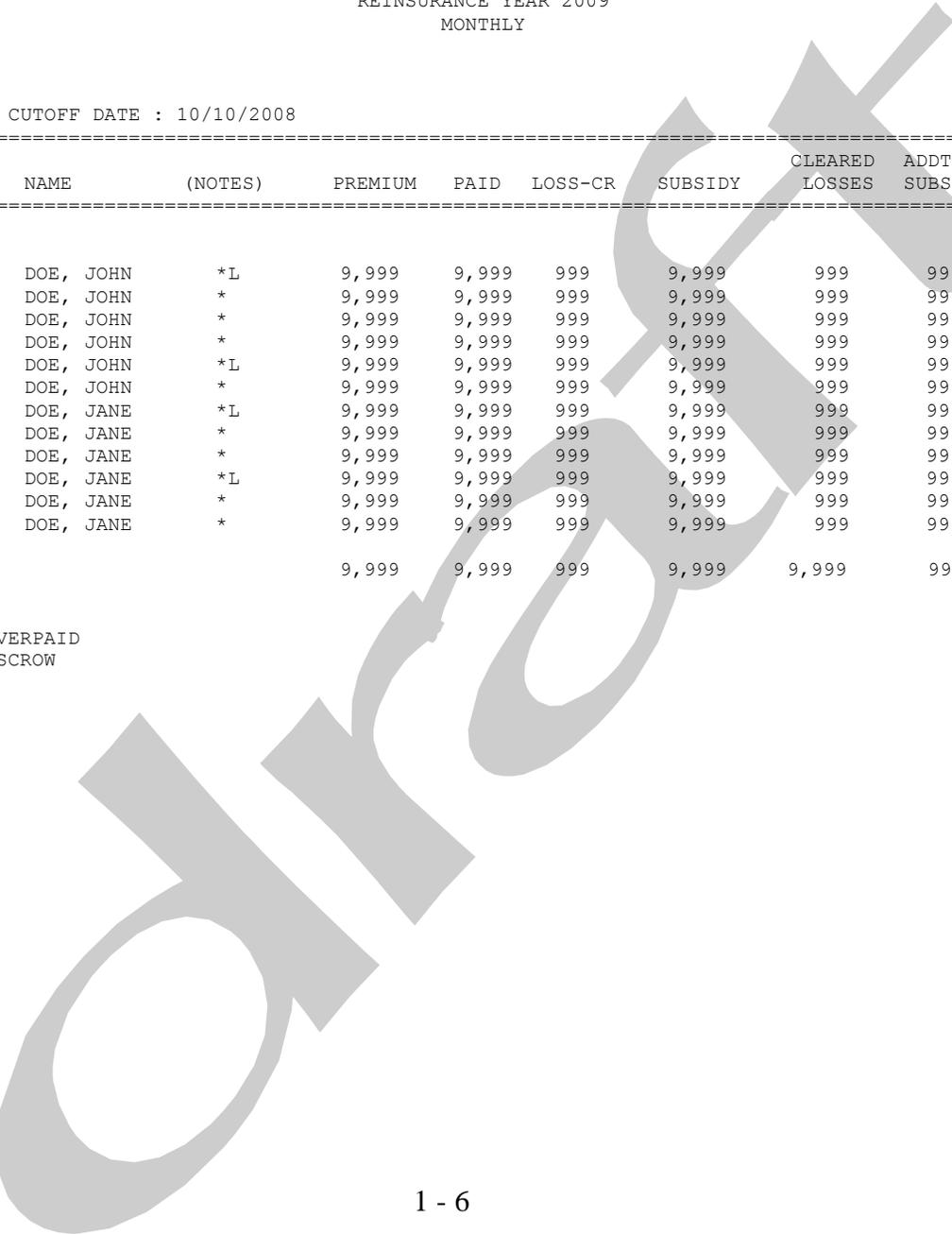
```
RO XX                                    FCIC ACCOUNTING DETAIL REPORT (EXCLUDING CAT)                          ADR001
RO TAX ID:  999999999                              REINSURANCE YEAR 2009
REINSURANCE COMPANY NAME                                 MONTHLY
C/O MGA
STREET ADDRESS
CITY, STATE 99999-9999
CURRENT DATE : 10/10/2008  07.26.16   CUTOFF DATE : 10/10/2008
=================================================================================================================
                                                                                          CLEARED  ADDT
 ST    CO       POL #     YR      NAME       (NOTES)   PREMIUM   PAID  LOSS-CR  SUBSIDY    LOSSES   SUBSIDY
=================================================================================================================

 XX    999     999999    YYYY    DOE, JOHN     *L      9,999    9,999   999     9,999       999      99
 XX    999     999999    YYYY    DOE, JOHN     *       9,999    9,999   999     9,999       999      99
 XX    999     999999    YYYY    DOE, JOHN     *       9,999    9,999   999     9,999       999      99
 XX    999     999999    YYYY    DOE, JOHN     *       9,999    9,999   999     9,999       999      99
 XX    999     999999    YYYY    DOE, JOHN     *L      9,999    9,999   999     9,999       999      99
 XX    999     999999    YYYY    DOE, JOHN     *       9,999    9,999   999     9,999       999      99
 XX    999     999999    YYYY    DOE, JANE     *L      9,999    9,999   999     9,999       999      99
 XX    999     999999    YYYY    DOE, JANE     *       9,999    9,999   999     9,999       999      99
 XX    999     999999    YYYY    DOE, JANE     *       9,999    9,999   999     9,999       999      99
 XX    999     999999    YYYY    DOE, JANE     *L      9,999    9,999   999     9,999       999      99
 XX    999     999999    YYYY    DOE, JANE     *       9,999    9,999   999     9,999       999      99
 XX    999     999999    YYYY    DOE, JANE     *       9,999    9,999   999     9,999       999      99

 TOTAL                                                 9,999    9,999   999     9,999     9,999      99


        *** NOTES ***
 (*) - ASSIGNED RISK       (V) - OVERPAID
 (P) - PAYMENT CR MEMO     (E) - ESCROW
```
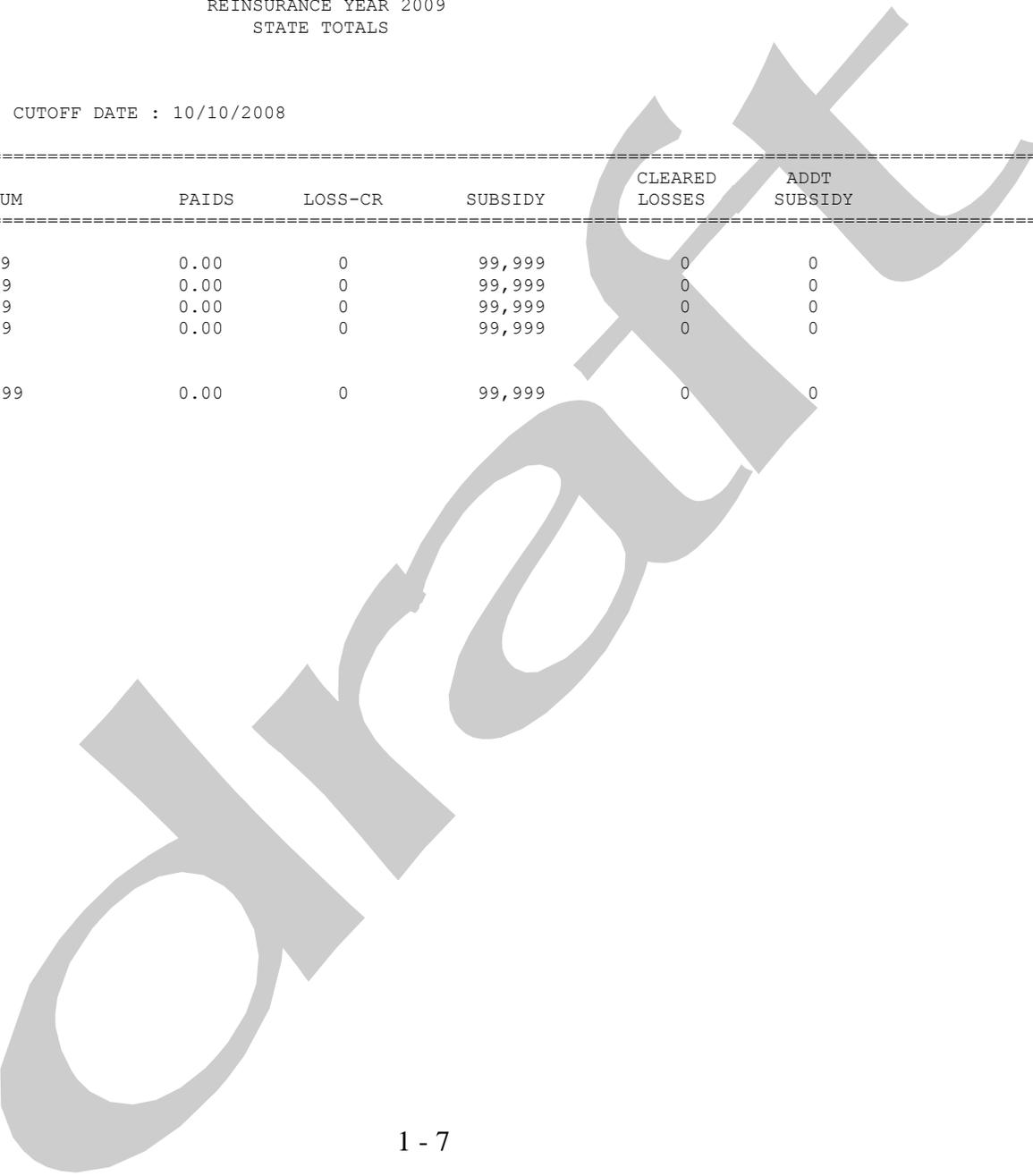
```
RO XX                            FCIC ACCOUNTING DETAIL REPORT (EXCLUDING CAT                    ADR002
RO TAX ID:  999999999                      REINSURANCE YEAR 2009
REINSURANCE COMPANY NAME                        STATE TOTALS
C/O MGA
Street Address,
City, ST 99999-9999
CURRENT DATE : 10/10/2008  07.26.16    CUTOFF DATE : 10/10/2008

=================================================================================================================
                                                                        CLEARED      ADDT
ST                      PREMIUM         PAIDS       LOSS-CR      SUBSIDY  LOSSES      SUBSIDY
=================================================================================================================

CO                      99,999          0.00          0         99,999     0           0
KS                      99,999          0.00          0         99,999     0           0
NE                      99,999          0.00          0         99,999     0           0
TX                      99,999          0.00          0         99,999     0           0


TOTAL                   999,999         0.00          0         99,999     0           0
```
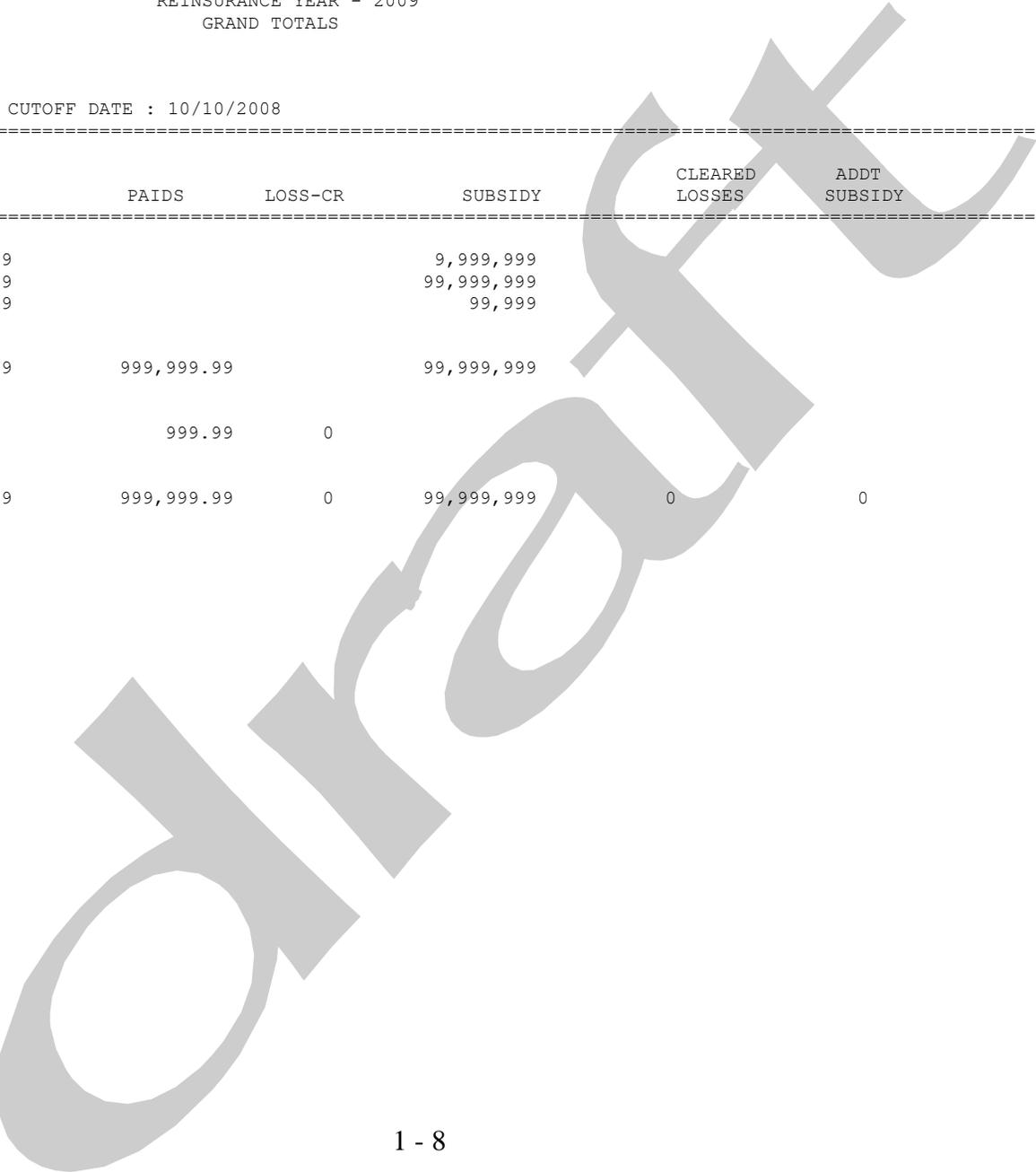
```
RO XX                              FCIC DETAIL REPORT (EXCLUDING CAT)                                    ADR003
RO TAX ID:  999999999                 REINSURANCE YEAR - 2009
REINSURANCE COMPANY NAME                  GRAND TOTALS
C/O MGA
Street Address,
City, ST 99999-9999
CURRENT DATE : 10/10/2008  07.26.16    CUTOFF DATE : 10/10/2008
===============================================================================================================

                                                                              CLEARED       ADDT
CROP YR               PREMIUM           PAIDS     LOSS-CR         SUBSIDY      LOSSES        SUBSIDY
===============================================================================================================

2008                9,999,999                                  9,999,999
2009               99,999,999                                 99,999,999
2010                   99,999                                     99,999


TOTALS             99,999,999       999,999.99                99,999,999


OVERPAIDS                             999.99          0


GRAND TOTALS LESS OVERPAIDS 99,999,999   999,999.99      0    99,999,999         0             0


PMEMO
MMEMO
PLCR
```

RO XX   FCIC DETAIL OVERPAIDS REPORT (EXCLUDING CAT)   ADR004
RO TAX ID: 999999999   REINSURANCE YEAR - 2009
REINSURANCE COMPANY NAME   OVERPAID POLICIES
C/O MGA
Street Address,
City, ST 99999-9999
CURRENT DATE : 10/10/2008 07.26.16   CUTOFF DATE : 10/10/2008

===
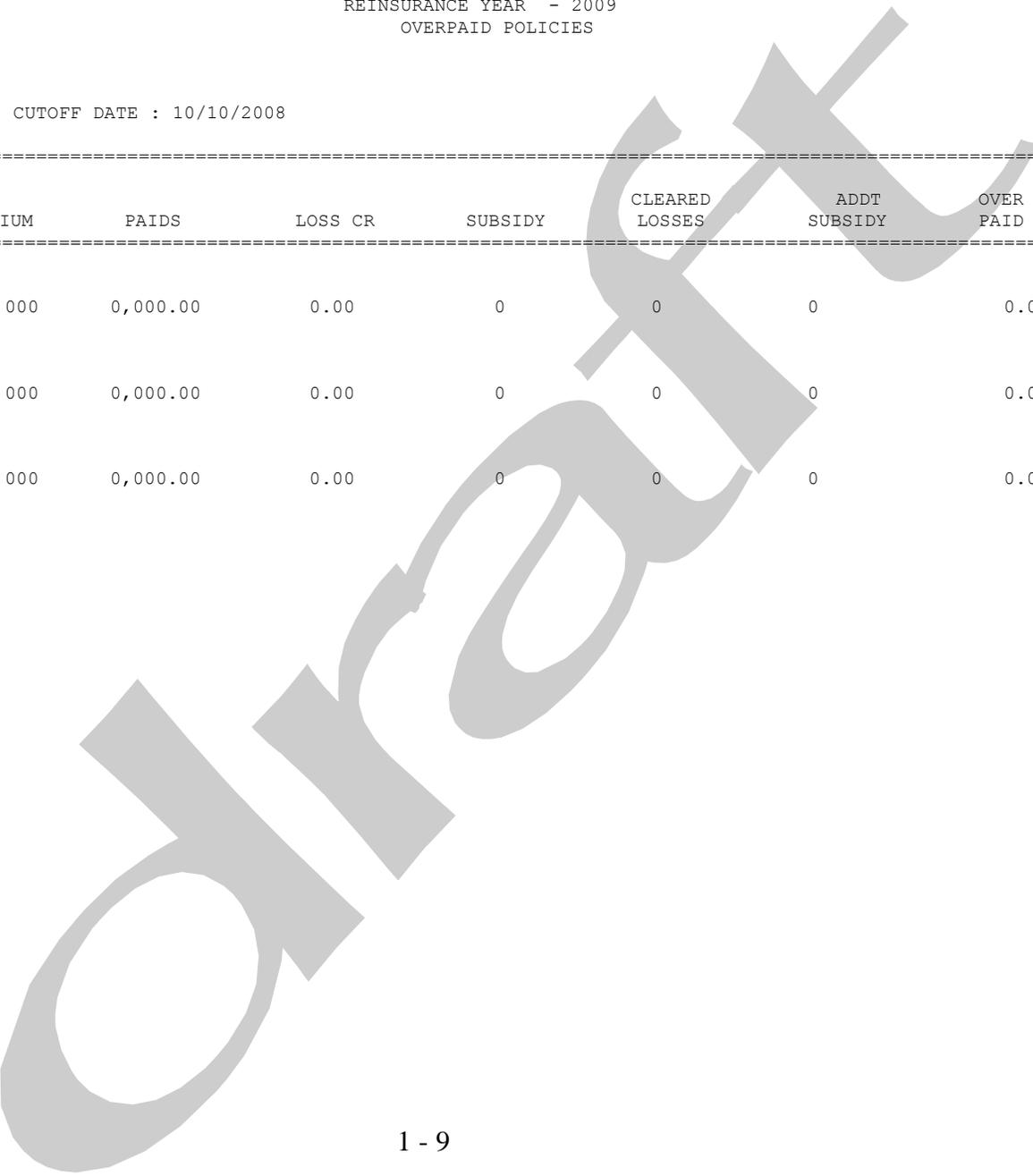
ST	CO	POLICY	YR	PREMIUM	PAIDS	LOSS CR	SUBSIDY	CLEARED LOSSES	ADDT SUBSIDY	OVER PAID	OVER LOSS-CR

| AL | 000 | 0000000 | 0000 | 0,000 | 0,000.00 | 0.00 | 0 | 0 | 0 | 0.00 | 0.00 |

*TOTAL STATE AL

| AR | 000 | 0000000 | 0000 | 0,000 | 0,000.00 | 0.00 | 0 | 0 | 0 | 0.00 | 0.00 |

*TOTAL STATE AR

| TOTAL | | | | 0,000 | 0,000.00 | 0.00 | 0 | 0 | 0 | 0.00 | 0.00 |

```
RO XX                                    P/CR MEMO REJECT LISTING                              PCR001
RO TAX ID:  999999999                    REINSURANCE YEAR - 2009
REINSURANCE COMPANY NAME
C/O MGA
Street Address,
City, ST 99999-9999
CURRENT DATE:  10/10/2008    CUTOFF DATE: 10/10/2008
=========================================================================================================

MEMO    MEMO    MEMO     MEMO                    PMEMO   SOURCE      SOURCE     SOURCE  SOURCE
RO      LOC ST  CNO      POLICY NO     CROP YR   AMOUNT  RO          ST         CNO     POLICY NO
=========================================================================================================


XX      NE      900      009999        YYYY       999.00  XX         31         900     009999
        PA      900      009999        YYYY     9,999.00  XX         42         900     009999
                         009999        YYYY     9,999.00  XX         42         900     009999
                         009999        YYYY        99.00  XX         42         900     009999
                         009999        YYYY     9,999.00  XX         42         900     009999

TOTAL                                            9,999.00
```

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EXAMPLE 1:

LATE PAYMENTS

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

1. Payment of the $100,000 balance due FCIC on the 05/08/YYYY report, due on 05/29/YYYY, the last banking day of the month, is received on 06/02/YYYY.

2. Payment of the $1,000,000 balance due FCIC on the 11/06/YYYY report, due on 11/30/YYYY, the last banking day in the month, is received on 12/07/YYYY.

EXAMPLE 2:

INTEREST ON OVERPAID INDEMNITIES/UNDERSTATED PREMIUM CASES IDENTIFIED THROUGH REVIEW

FINAL FINDINGS LETTER	OVERPAYMENT AMOUNT	DATE OF APPEAL	APPEAL LETTER DATE	ACCOUNTING REPORT DATE	DAYS	INTEREST RATE	INTEREST DUE	NOTE REF
1/20//YYYY	$10,000	N/A	N/A	02/09/YYYY	26	15%	0.00	1
1/20/YYYY	$15,000	N/A	N/A	04/09/YYYY	100	15%	$616.44	2
1/20/YYYY	$20,0000	2/15/YYYY	11/28/YYYY	12/11/YYYY	345	15%	$2,835.62	3

1. The Company is notified of an overpayment in a Final Findings by the Regional Compliance Offices letter dated January 20, YYYY. The February 9, YYYY 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 Findings by the Regional Compliance Offices letter dated January 20, YYYY. The amount is to be corrected on the February 9, YYYY report. No appeal is filed. No corrections are made until the April 9, YYYY report. Interest is calculated starting with the day after the Final Findings by the Regional Compliance Offices letter which is January 21, YYYY through the due date of the certified report containing the corrections is submitted, which is April 30, YYYY.

3. Interest begins accruing based on the date of the Final Findings by the Regional Compliance Offices letter. **Appeals have no affect on delaying the interest computation date.** In this example, the company is notified of an overpayment in a Final Findings by the Regional Compliance Offices letter dated January 20, YYYY. The company files an appeal on February 15, YYYY. 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 November 28, YYYY of the amount due FCIC. Interest is calculated starting with the day after the Final Findings by the Regional Compliance Offices letter, which is January 21, YYYY through the due date of the certified report containing the correction is submitted, which is December 31, YYYY.

RO XX   CAT COVERAGE FEES (EXCLUDING BUY-UPS)   CFE001
RO TAX ID: 999999999   REINSURED COMPANY DETAIL REPORT
REINSURANCE COMPANY NAME   REINSURANCE YEAR 2009
C/O MGA   MONTHLY
Street Address,
City, ST 99999-9999
CURRENT DATE : 10/10/2008 07.26.16   CUTOFF DATE : 10/10/2008

```
=====================================================================================================================================
                       POLICY  CROP  LOC   CROP        PRAC A ADM                                  FEES       FEES       FEES
ID NUMBER   ST  CO     NUMBER  YEAR  CNTY  CODE   TYPE CODE R FEE      PREMIUM      LOSSES       AMOUNT   COLLECTED    WAIVED
=====================================================================================================================================


999999999  CA  999   999999   YYYY  999   0037 999  999  C              999          100
999999999  IL  999   999999   YYYY  999   0011 997  998  C              999          300
999999999  MO  999   999999   YYYY  999   0011 997  998  C              999          300
999999999  MN  999   999999   YYYY  999   0033 997  998  C            9,999          300
999999999  KS  999   999999   YYYY  999   0011 997  998  C              999          300
999999999  MN  999   999999   YYYY  999   0033 997  998  C              999          300
999999999  IL  999   999999   YYYY  999   0011 997  998  C               99          300
999999999  IL  999   999999   YYYY  999   0011 997  998  C            9,999          300
999999999  IL  999   999999   YYYY  999   0011 997  998  C               99          300
999999999  OH  999   999999   YYYY  999   0011 997  998  A               99          300
999999999  IL  999   999999   YYYY  999   0011 997  998  C              999          300
999999999  IL  999   999999   YYYY  999   0011 997  998  A              999          300
999999999  IN  999   999999   YYYY  999   0011 997  998  C               99          300
999999999  IL  999   999999   YYYY  999   0011 997  998  A              999          300
999999999  IL  999   999999   YYYY  999   0011 997  998  C              999          300
999999999  IL  999   999999   YYYY  999   0011 997  998  C              999          300

TOTAL                                                               9,999        4,600
```

*** NOTES *** 2009 Catastrophic Coverage Fees

The following crops have a 4/30 Contract Change date and will retain the $100 CAT Fee amount for Reinsurance Year 2009. The CAT Fee amount
for all remaining crops will be $300.

Forage Seeding (0032) in states CA, MD, NV, NH, NJ, NY, PA, UT, and VT.
Raisins (0037) in the state of CA.
Sugar Beets (0039) in the state of CA, except in counties Modoc (049) and Siskiyou (093).
Fresh Market Sweet Corn (0044) in states FL and GA.
Cabbage (0072) in FL, TX, and GA except in county Rabun (241).
Peppers (0083) in the state of FL.
Fresh Market Tomatoes (0086) in the state of FL, except in counties Gadsden (039), Holmes (059), Jackson (063), and Walton (131).

2 - 1

```
RO XX                                        CAT COVERAGE FEES                                           CFE002
RO TAX ID:  999999999                   REINSURED COMPANY DETAIL REPORT
REINSURANCE COMPANY NAME                     REINSURANCE YEAR 2009
C/O MGA
Street Address,
City, ST 99999-9999

 DATE : 10/10/2008  07.26.16    CUTOFF DATE : 10/10/2008
```

ST	PREMIUM	LOSSES	FEE AMOUNT	FEES COLLECTED	FEES WAIVED
AL	999,999		99,999	999	999
AR	999,999		99,999	999	999
AZ	999,999		99,999	999	999
CA	999,999		99,999	999	999
CO	999,999		99,999	999	999
CT	999,999		99,999	999	999
MO	999,999		99,999	999	999
MS	999,999		99,999	999	999
MT	999,999		99,999	999	999
NC	999,999		99,999	999	999
ND	999,999		99,999	999	999
NE	999,999		99,999	999	999
NJ	999,999		99,999	999	999
NM	999,999		99,999	999	999
NY	999,999		99,999	999	999
OH	999,999		99,999	999	999
OK	999,999		99,999	999	999
OR	999,999		99,999	999	999
PA	999,999		99,999	999	999
SC	159999,999		99,999	999	999
2008	999,999				
2009	99,999,999				
2010	999,999				
TOTAL	99,999,999	0	999,999	9,999	99,999

```
RO  XX                                              CAT COVERAGE FEES
RO TAX ID:  999999999                               RECEIVABLE REPORT
REINSURANCE COMPANY NAME                            REINSURANCE YEAR - 2009
C/O MGA
Street Address,
City, ST 99999-9999
CURRENT DATE/TIME:  10/10/2008              06:25:11     CUTOFF DATE:  10/10/2008
```

TAX ID	ID TYP	PIC	ST	CNTY	POLICY NBR	CROP YEAR	CROP CODE	WRT OFF	COLL ID	FEE AMT	ADJ AMT	RET CHK AMT	INT/PEN AMT	COLLECT AMT	BALANCE DUE	CO CAT FEE REDUCT AMT
999999999	9	999	99	999	9999999	9999	9999			100.00	.00	.00	.00	.00	100.00	100.00
TOTAL										100.00	.00	.00	.00	.00	100.00	100.00

```
RO   XX                       ADDITIONAL COVERAGE ADMINISTRATIVE FEE SUMMARY REPORT               PAGE    1
RO TAX ID:  999999999                      REINSURANCE YEAR -  2009                               ACA001
REINSURANCE COMPANY NAME                             MONTHLY
C/O MGA
Street Address,
City, ST 99999-9999
CURRENT DATE/TIME: 10/10/2008  01:01:01    CUTOFF DATE: 10/10/2008
```

STATE	2009 JAN	2009 APR	2009 MAY	2009 JUN	2009 JUL	2009 AUG	2009 SEP	2009 OCT	2009 NOV	2009 DEC	2010 JAN	2010 MAR	PRE PAID	TOTAL
AR	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
IA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0
IL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
IN	0	0	0	0	0	0	0	0	0	0	0	0	0	0
KS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MN	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MO	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ND	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NM	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OH	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SD	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TX	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WAIVED	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GRAND	0	0	0	0	0	0	0	0	0	0	0	0	0	0

CURRENT DATE : 10/10/2008 16.02.44   CUTOFF DATE: 10/10/2008

STATE AR	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
	OTHER COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	ASSIGN RISK	9.9	999,999	999,999	99,999	9.9
	CAT COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	REVENUE COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	REVENUE ASSIGN RISK	9.9	999,999	999,999	99,999	9.9
	SUBTOTAL 1		999,999	999,999	99,999	9.9
	OTHER COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	CAT COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	REVENUE COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	ASSIGN RISK 50	9.9	999,999	999,999	99,999	9.9
	REVISED SUBTOTAL 1		999,999	999,999	99,999	9.9
	OTHER COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	CAT COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	REVENUE COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	ASSIGN RISK	9.9	999,999	999,999	99,999	9.9
	RETAINED SUBTOTAL 2		999,999	999,999	99,999	9.9
	OTHER COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	CAT COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	REVENUE COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	ASSIGN RISK	9.9	999,999	999,999	99,999	9.9
	RETAINED SUBTOTAL 3		999,999	999,999	99,999	9.9
	OTHER COMMERCIAL	9.9		999,999	99,999	9.9
	CAT COMMERCIAL	9.9		999,999	99,999	9.9
	REVENUE COMMERCIAL	9.9		999,999	99,999	9.9
	ASSIGN RISK	9.9		999,999	99,999	9.9
	SUBTOTAL 4			999,999	99,999	9.9
	OTHER COMMERCIAL GAIN/LOSS				-9,999	
	CAT COMMERCIAL GAIN/LOSS			999,999		
	REVENUE COMMERCIAL GAIN/LOSS			999,999		
	ASSIGN RISK GAIN/LOSS			999,999		
	STATE GAIN/LOSS			999,999		

(CONTINUED)

3 - 1

```
        RO RECAP              POOL                 %      LIABILITY      PREMIUMS       LOSSES    LOSS
                                                                                                 RATIO
                              OTHER COMMERCIAL      9.9    999,999        999,999       99,999      9.9
                              OTHER DEVELOPMENTAL   9.9    999,999        999,999       99,999      9.9
                              ASSIGN RISK           9.9    999,999        999,999       99,999      9.9
                              CAT COMMERCIAL        9.9    999,999        999,999       99,999      9.9
                              CAT DEVELOPMENTAL     9.9    999,999        999,999       99,999      9.9
                              CAT ASSIGN RISK       9.9    999,999        999,999       99,999      9.9
                              REVENUE COMMERCIAL    9.9    999,999        999,999       99,999      9.9
                              REVENUE DEVELOPMENTAL 9.9    999,999        999,999       99,999      9.9
                              REVENUE ASSIGN RISK   9.9    999,999        999,999       99,999      9.9
                                 SUBTOTAL 1                999,999        999,999       99,999      9.9

                              OTHER COMMERCIAL      9.9    999,999        999,999       99,999      9.9
                              OTHER DEVELOPMENTAL   9.9    999,999        999,999       99,999      9.9
                              CAT COMMERCIAL        9.9    999,999        999,999       99,999      9.9
                              CAT DEVELOPMENTAL     9.9    999,999        999,999       99,999      9.9
                              REVENUE COMMERCIAL    9.9    999,999        999,999       99,999      9.9
                              REVENUE DEVELOPMENTAL 9.9    999,999        999,999       99,999      9.9
                              ASSIGN RISK           9.9    999,999        999,999       99,999      9.9
                                 REVISED SUBTOTAL 1        999,999        999,999       99,999      9.9

                              OTHER COMMERCIAL      9.9    999,999        999,999       99,999      9.9
                              OTHER DEVELOPMENTAL   9.9    999,999        999,999       99,999      9.9
                              CAT COMMERCIAL        9.9    999,999        999,999       99,999      9.9
                              CAT DEVELOPMENTAL     9.9    999,999        999,999       99,999      9.9
                              REVENUE COMMERCIAL    9.9    999,999        999,999       99,999      9.9
                              REVENUE DEVELOPMENTAL 9.9    999,999        999,999       99,999      9.9
                              ASSIGN RISK           9.9    999,999        999,999       99,999      9.9
                                 RETAINED SUBTOTAL 2       999,999        999,999       99,999      9.9

                              OTHER COMMERCIAL      9.9    999,999        999,999       99,999      9.9
                              OTHER DEVELOPMENTAL   9.9    999,999        999,999       99,999      9.9
                              CAT COMMERCIAL        9.9    999,999        999,999       99,999      9.9
                              CAT DEVELOPMENTAL     9.9    999,999        999,999       99,999      9.9
                              REVENUE COMMERCIAL    9.9    999,999        999,999       99,999      9.9
                              REVENUE DEVELOPMENTAL 9.9    999,999        999,999       99,999      9.9
                              ASSIGN RISK           9.9    999,999        999,999       99,999      9.9
                                 RETAINED SUBTOTAL 3       999,999        999,999       99,999      9.9

                              OTHER COMMERCIAL      9.9                   999,999       99,999      9.9
                              OTHER DEVELOPMENTAL   9.9                   999,999       99,999      9.9
                              CAT COMMERCIAL        9.9                   999,999       99,999      9.9
                              CAT DEVELOPMENTAL     9.9                   999,999       99,999      9.9
                              REVENUE COMMERCIAL    9.9                   999,999       99,999      9.9
```

		%	LIABILITY	PREMIUMS	LOSSES	LOSS
REVENUE DEVELOPMENTAL		9.9		999,999	99,999	9.9
ASSIGN RISK		9.9		999,999	99,999	9.9
SUBTOTAL 4				999,999	99,999	9.9

RO RECAP	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
	OTHER COMMERCIAL GAIN/LOSS			9,999,999		
	OTHER DEVELOPMENTAL GAIN/LOSS			999,999		
	CAT COMMERCIAL GAIN/LOSS			999,999		
	CAT DEVELOPMENTAL GAIN/LOSS			9,999		
	REVENUE COMMERCIAL GAIN/LOSS			99,999,999		
	REVENUE DEVELOPMENTAL GAIN/LOSS			9,999,999		
	ASSIGN RISK GAIN/LOSS			999,999		
	GROSS GAIN/LOSS			99,999,999		
	LESS QUOTA SHARE			9,999,999		
	GAIN/LOSS AFTER QUOTA SHARE					99,999,999

2008/10/10   CUTOFF DATE: 2008/10/10

     PREMIUM: PREMIUM DISCREPANCIES ()   99.99

                        TOTAL PREMIUM REDUCTION   99.99

          PAID: PAID DISCREPANCIES   .00

                        TOTAL PAID REDUCTION   .00

          LOSS: LOSS DISCREPANCIES   .00

                        TOTAL LOSS REDUCTION   .00

                    TOTAL RECONCILATION REDUCTION   99.99

                            NON CAT SUBSIDY FACTOR   .999999

```
                                  RECONCILIATION WORKSHEET                          PAGE: 0001
RO: XX                       DISCREPANCIES BY POLICY - PREMIUM                       REC5100YB-1
                                      MONTHLY REPORT
                                   REINSURANCE YEAR 2009
```

```
 RUN DATE: 10/10/2008      19:29:12  CUTOFF DATE: 10/10/2008


                               CROP  INS  COV       PREMIUM       PREMIUM       PREMIUM       PREMIUM       PREMIUM
 RO  ST  CO   POLICY    YR    CODE  PLN  FLAG        DAS          RECON       DIFFERENCE    COMPARE (+)   COMPARE (-)

 --  --  --   -------  ----   ----  ---  ----   -----------   -----------   -----------   -----------   -----------
 XX  XX  XX   9999999  XXXX   0016   99   N                            99          -99
 XX  XX  XX   9999999  XXXX   0016   99   N                            99          -99
 XX  XX  XX   9999999  XXXX   0016   99   N                            99          -99
 XX  XX  XX   9999999  XXXX   0016   99   C                            99          -99
 XX  XX  XX   9999999  XXXX   0016   99   N                            99          -99
 XX  XX  XX   9999999  XXXX   0016   99   N                            99          -99
 XX  XX  XX   9999999  XXXX   0016   99   N                            99          -99
 XX  XX  XX   9999999  XXXX   0016   99   N                            99          -99
 XX  XX  XX   9999999  XXXX   0016   99   N                            99          -99
 XX  XX  XX   9999999  XXXX   0016   99   N                            99          -99

 TOTAL: XX                                          9,999       999,999      -999,999           999       999,999
```

```
                              RECONCILIATION WORKSHEET                          PAGE: 0001
RO: XX                     DISCREPANCIES BY POLICY - LOSS                        REC5100YB-3
                                 MONTHLY REPORT
                              REINSURANCE YEAR 2009
```

```
RUN DATE: 10/10/2008      18:19:10  CUTOFF DATE: 10/10/2008


                                             LOSS          LOSS          LOSS          LOSS          LOSS
RO  ST  CO   POLICY    YR                    DAS           RECON     DIFFERENCE    COMPARE (+)   COMPARE (-)
--  --  --   -------   ----                _____   _____  _____   _____   _____
XX  XX  XX   XXXXXXX   XXXX                                    999        -999                         999
XX  XX  XX   XXXXXXX   XXXX                                    999        -999                         999
XX  XX  XX   XXXXXXX   XXXX                                999,999    -999,999                     999,999

TOTAL: XX                                                 999,999    -999,999                     999,999
```

RUN DATE: 10/10/2008   18:19:10 CUTOFF DATE: 10/10/2008

                                          PAID   PAID   PAID   PAID   PAID
RO ST CO POLICY   YR   DAS   RECON   DIFFERENCE   COMPARE (+)   COMPARE (-)
-- -- -- ------- ----   ----------- ----------- -----------   -----------   -----------
XX XX XX 9999999 XXXX   9,999   -9,999   9,999

TOTAL: XX   9,999   -9,999   9,999

RUN DATE: 10/10/2008   18:19:10 CUTOFF DATE: 10/10/2008


```
                                 LOSS-CREDITS LOSS-CREDITS LOSS-CREDITS LOSS-CREDITS LOSS-CREDITS
RO  ST  CO   POLICY   YR                 DAS        RECON   DIFFERENCE  COMPARE (+)  COMPARE (-)
--  --  --   -------  ----         ------------ ------------ ------------ ------------ ------------
XX  XX  XX   9999999  2009                           99,999      -99,999
XX  XX  XX   9999999  2009                           99,999      -99,999
XX  XX  XX   9999999  2009                           99,999      -99,999
XX  XX  XX   9999999  2009                           99,999      -99,999
XX  XX  XX   9999999  2009                           99,999      -99,999


TOTAL: XX                                            99,999      -99,999
```

```
RO XX                              FCIC ADMINISTRATIVE REDUCTION REPORT                    PAGE:
RO TAX ID:  999999999                 FOR LATE FILED SALES DATA
Reinsured Company Name                REINSURANCE YEAR - 2009                              LFS002
C/O MGA
Street Address,
City, ST 99999-9999


CURRENT DATE: 10/10/2008  11:11:30    CUTOFF DATE: 10/10/2008


==========================================================================================================
                          NET BOOK      TOTAL
      RO    ST            PREMIUM       REDUCTION
==========================================================================================================

      XX    XX             999,999      999,999.99
            XX             999,999      999,999.99
            XX             999,999      999,999.99
            XX             999,999      999,999.99


      ----------------------------------------------------------------------------------------------------
      GRAND TOTALS       9,999,999      999,999.99
      ----------------------------------------------------------------------------------------------------


      TOTAL  1.0%                         9,999.99
      TOTAL  3.0%                         9,999.99
      TOTAL  6.0%                        99,999.99
                                       ------------
      GRAND TOTAL                        99,999.99
```

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RO XX   FCIC ACCOUNTING REPORT   PAGE: 1
RO TAX ID: 999999999   PREMIUM DUE WORKSHEET   PDW001-C
Reinsured Company Name   REINSURANCE YEAR - 2009
C/O MGA
Street Address,
City, ST 99999-9999
CURRENT DATE: 10/10/2008 18.18.57   CUTOFF DATE: 10/10/2008

MONTH		(A) INSURED PREM DUE	(B) PREM PAID BY CO.	(C) PREM UNPAID (A-B)	(D) PREV MONTH UNPAID	(E) NBR DAYS INTEREST	(F) INTEREST DUE (%)*(D)*(E)	(G) TOTAL OF WORKSHEET (-B-F)
JANUARY	2009	0	_____	0	0	0	.00	.00
MARCH	2009	0	_____	0	0	0	.00	.00
MAY	2009	_____	_____	_____	_____	_____	_____	_____
JULY	2009	_____	_____	_____	_____	_____	_____	_____
OCTOBER	2009	_____	_____	_____	_____	_____	_____	_____
JANUARY	2010	_____	_____	_____	_____	_____	_____	_____
TOTAL								.00

EXAMPLE 3:

PREMIUM DUE WITHOUT (W/O) PAYMENTS

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

RO XX
RO TAX ID: 999999999
Reinsured Company Name
C/O MGA
Street Address,
City, ST 99999-9999
CURRENT DATE: 2008/10/10   CUTOFF DATE: 2008/10/10

===

MONTH		(A) CURRENT REPORT	(B) PREVIOUS PEAK	(C) RPT DATE OF PEAK	(D) INC OF PREM DUE WO PAYM	(E) NBR DAYS INTEREST	(F) INTEREST DUE	(G) TOTAL OF INTEREST
JANUARY	2009	0	0	_____	_____	_____	_____	_____
MARCH	2009	0	0	_____	_____	_____	_____	_____
MAY	2009	_____	_____	_____	_____	_____	_____	_____
JULY	2009	_____	_____	_____	_____	_____	_____	_____
OCTOBER	2009	_____	_____	_____	_____	_____	_____	_____
JANUARY	2010	_____	_____	_____	_____	_____	_____	_____
TOTAL								

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/YYYY	OCTOBER/YYYY	$3,000,000	$0	$3,000,000	$0	0	$000	$0.00	1
12/DD/YYYY	OCTOBER/YYYY	$2,2000,000	$0	$2,200,000	$3,000,000	61	$75,205.48	$75,205.48	2
01/DD/YYYY	OCTOBER/YYYY	$1,500,000	$0	$1,500,000	$2,200,000	31	$28,027.40	$28,027.40	3
02/DD/YYYY	OCTOBER/YYYY	$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/YYYY through 12/31/YYYY.

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/YYYY through 01/31/YYYY.

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/YYYY through 02/28/YYYY. 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/YYYY	OCTOBER/YYYY	3,000,000	3,000,000	0	0	0	0	-3,000,000	1
12/DD/YYYY	OCTOBER/YYYY	-2,000,000	-2,000,000	0	0	0	0	+2,000,000	2
01/DD/YYYY	OCTOBER/YYYY	-500,000	-500,000	0	0	0	0	+500,000	3
02/DD/YYYY	OCTOBER/YYYY								4

1. PREMIUM WITH OCTOBER BILLING IS PAID BY COMPANY ON THE 11/DD/YYYY 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.
    IF NO DEFERRALS THERE WILL BE 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:

Field   Content

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.

7 - 1

10   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)

Total Requested Amount	21,000.00
Previous Requested Amount	.00
Receivable Amount	.00
Payment Amount	21,000.00

State	Policy Issuing Company	Policy Number	Name	Claim Number	Requested Amount	Previous Amount	Payable Amount
02	500	123456	Producer 1	1111	1,000.00	0.00	1,000.00
02	500	234567	Producer 2	2222	2,000.00	0.00	2,000.00
02	500	345678	Producer 3	3333	3,000.00	0.00	3,000.00
02	500	456789	Producer 4	4444	4,000.00	0.00	4,000.00
02	500	678901	Producer 5	5555	5,000.00	0.00	5,000.00

Previous Y-T-D 1999 Total	74,000.00
Reinsurance Year 1999 Total	15,000.00
Cumulative Y-T-D Total	**89,000.00**

State	Policy Issuing Company	Policy Number	Name	Claim Number	Requested Amount	Previous Amount	Payable Amount
02	500	456789	Producer 6	6666	6,000.00	0.00	6,000.00

Previous Y-T-D 2000 Total	10,000.00
Reinsurance Year 2000 Total	6,000.00
Cumulative Y-T-D Total	**16,000.00**

```
Total Requested Amount      21,000.00
Previous Requested Amount         .00
Receivable Amount                 .00
Payment Amount              21,000.00
```

```
Previous Y-T-D Total        74,000.00
Reinsurance Year 1999 Total 15,000.00
```
Cumulative Y-T-D Total   89,000.00

```
Previous Y-T-D Total        10,000.00
Reinsurance Year 2000 Total  6,000.00
Cumulative Y-T-D Total      16,000.00
```

```
RO XX                                      FCIC LIVESTOCK DETAIL REPORT                               PAGE:        1
RO TAX ID: 570338686                          REINSURANCE YEAR - 2009                                 LADR001
Reinsurance Company Name                             MONTHLY
C/O MGA.
Street Address,
City, ST 99999-9999


CURRENT DATE: 10/10/2008 18.25.23      CUTOFF DATE: 10/10/2008
=================================================================================================================
             CROP
ST   CO   POLICY   YR   NAME                                PREMIUM       SUBSIDY        LOSSES
=================================================================================================================


XX    999    999999    YYYY    DOE, J              6,613     3,637          0
XX    999    999999    YYYY    DOE, JO            13,092     7,725          0
XX    999    999999    YYYY    DOE, JON            3,394     2,002          0
XX    999    999999    YYYY    DOE, JOHN           8,626     5,089          0
XX    999    999999    YYYY    DOE, JESS           1,008       554          0
XX    999    999999    YYYY    DOE, SALLY          4,270     2,518          0
XX    999    999999    YYYY    DOE, JAN            1,762     1,040          0
XX    999    999999    YYYY    DOE, JANE           3,304     1,949          0
XX    999    999999    YYYY    DOE, JODY           2,664     1,572          0
XX    999    999999    YYYY    DOE, RICH           2,121     1,251          0
XX    999    999999    YYYY    DOE, JACK             707       417          0
XX    999    999999    YYYY    DOE, BOB            8,354     4,930          0

TOTAL                                             55,915    32,684          0
```

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```
RO XX                                      FCIC LIVESTOCK OPERATIONS REPORT                            PAGE:       1
RO TAX ID: 99999999                            REINSURANCE YEAR - 2009                                 LRCP001-C
Reinsurance Company Name                              MONTHLY
C/O MGA
Street Address,
City, ST 99999-9999
CURRENT DATE : 10/10/2008  18.33.19    CUTOFF DATE : 10/10/2008
===========================================================================================================================

                        PREMIUM            SUBSIDY              LOSSES

     LIVESTOCK         9,999,999           999,999             999,999


===========================================================================================================================



                                                                       DUE COMPANY              DUE FCIC

NET A & O SUBSIDY (24.5%)                                               XXX,XXX.XX

COMPANY PREVIOUS PAYMENT                                                XXX,XXX.XX

FCIC INTEREST PAID                                                      XXX,XXX.XX

LITIGATION EXPENSE                                                      XXX,XXX.XX

FCIC PREVIOUS PAYMENT                                                                           XXX,XXX.XX

FCIC INTEREST /PENALTY                                                                          XXX,XXX.XX

FCIC DET OVERPAID                                                                               XXX,XXX.XX

LIVESTOCK SETTLEMENT                                                    XXX,XXX.XX              XXX,XXX.XX

SUBTOTAL                                                                XXX,XXX.XX              XXX,XXX.XX

BALANCE DUE COMPANY/FCIC                                                XXX,XXX.XX              XXX,XXX.XX

===========================================================================================================================
 CERTIFIED CORRECT


 _____    _____    _____
 NAME                                 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
```

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```
Reinsurance Company Name
C/O MGA
Street Address
City, ST  99999-9999
CURRENT DATE : 10/10/2008  18.04.27    CUTOFF DATE: 10/10/2008
```

FUND	TOTAL PREMIUM	PRODUCER PREMIUM	SUBSIDY	LOSSES	LOSS RATIO	GAIN LOSS
COMMERCIAL LRP	9,999,999	9,999,999	999,999	999,999	41.1	
COMMERCIAL LGM					.0	
PRIVATE MARKET LRP					.0	
PRIVATE MARKET LGM					.0	
****
NET BOOK TOTALS	9,999,999	9,999,999	999,999	999,999	41.1	
COMMERCIAL	9,999,999	9,999,999	999,999	999,999	41.1	
PRIVATE MARKET					.0	
****
RETAINED TOTALS	9,999,999	9,999,999	999,999	999,999	41.1	
COMMERCIAL	19,999,999	9,999,999	999,999	999,999	41.1	
PRIVATE MARKET					.0	
****
COMPANY SHARE AFTER STOP LOSS	9,999,999	9,999,999	999,999	999,999	41.1	999,999
COMMERCIAL	9,999,999	9,999,999	999,999	999,999	41.1	
PRIVATE MARKET					.0	
****
FCIC SHARE	9,999,999	9,999,999	999,999	999,999	41.1	

	DUE COMPANY	DUE FCIC
SUBSIDY	999,999	
LOSSES DUE FROM FCIC	999	
PREMIUM DUE FCIC		9,999
REINSURANCE PREMIUM DUE FCIC		99,999
****
SUBTOTAL	999,999	99,999
****
LIVESTOCK ADJUSTMENT	999,999	

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Table No. 1: CY 2009 Pilot Crops

	CROPS		PLAN		
	Name	**Code**	**Name**	**Code**	**Comment**
1	Forage Seed (alfalfa)	0107	APH	90	Approved for graduation
2	All Other Citrus Trees	0211	TDO	40	Florida (FFT pilot)
3	Avocado	0019	ARC	46	California
4	Avocado	0019	APH	90	Florida – approved for graduation
5	Avocado Trees	0212	TDO	40	Florida (FFT pilot)
6	Barley	0091	IP	42	
7	Cabbage	0072	GYC	90	Approved for graduation
8	Carambola Trees	0213	TDO	40	Florida (FFT pilot)
9	Cherry	0057	ARH	?	Replacement ARH pilot program approved for implementation for CY09
10	Chili Pepper	0045	FD	51	Approved for graduation based on APH plan
11	Clams	0116	AQ-DOL	43	Pilot program approved for continuation through CY11
12	Corn	0041	IP	42	
13	Corn	0041	IIP	45	
14	Cotton	0021	IP	42	
15	Cultivated Wild Rice	0055	APH	90	Approved for graduation
16	Grain Sorghum	0051	IP	42	
17	Grapefruit Trees	0208	TDO	40	Florida (FFT pilot)
18	GRP Rangeland	0048	GRP	12	Program evaluation complete. Board will consider at its June 2008 meeting.
19	Lemon Trees	0209	TDO	40	Florida (FFT pilot)
20	Lime Trees	0210	TDO	40	Florida (FFT pilot)
21	Mango Trees	0214	TDO	40	Florida (FFT pilot)
22	Multiple Crops	----	AGR	63	
23	Mustard	0069	APH	90	Approved for graduation
24	Navel Oranges	0215	FD	51	California
25	Orange Trees	0207	TDO	40	Florida (FFT pilot)
26	Pasture, Rangeland & Forage (PRF)	0088	Rainfall Index (PRF-RI)	13	

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	CROPS			PLAN		
	Name	**Code**		**Name**	**Code**	**Comment**
27	Pasture, Rangeland & Forage (PRF)	0088	Vegetative Index (PRF-VI)		14	
28	Silage Sorghum	0059	I-APH		96	Program evaluation complete. Board will consider at its June 2008 meeting.
29	Soybean	0081	IP		42	
30	Soybean	0081	IIP		45	
~~31~~	~~Strawberries~~	~~0110~~	~~FD~~		~~51~~	~~Under contract for new plan of insurance~~
32	Sweet Potatoes	0085	APH-AR		92	
33	Wheat	0011	IP		42	
34	Coffee Trees	0266	TDO		40	Authorized beginning CY07
35	Banana Trees (plants)	0265	TDO		40	Authorized beginning CY07
36	Papaya Trees	0267	TDO		40	Authorized beginning CY07
37	Coffee Fruit (berry)	0256	APH		90	Authorized beginning CY07
38	Banana Fruit	0255	APH		90	Authorized beginning CY07
39	Papaya Fruit	0257	APH		90	Authorized beginning CY07

Notes: 1. Crop policies approved via the 508(h) mechanism are not considered pilots. Thus, CRC, RA, GRIP, and AGR-Lite are not considered pilots even though they are now administered by RMA.

2. Crop policies that are not themselves pilots do not become pilots by the attachment of a pilot option. (See Table No.2 for a list of pilot options.)

Table No. 2: CY 2009 Pilot Options

	Crops	**Option**		**Comments**
		Name	**Code**	
1	Onions	Stage Removal	NS	
2	Sugar Beets	Stage Removal	NS	
3	Nursery	Grower's Price Endorsement	PO	
4	Multiple	ND Personal T-Yield	PTY	Authorized beginning CY07

Table No. 3: Pilot Programs Planned For CY 2009

	CROPS		PLAN		
	Name	**Code**	**Name**	**Code**	**Comment**
1	Cherries		ARH	?	Board approved ARH – Cherry pilot at its April 2008 meeting
2					

Table No. 4: Discontinued Pilots   (partial list)

	CROPS		PLAN		
	Name	**Code**	**Name**	**Code**	**Comment**
	Fresh Market Beans	0105	DO	50	Terminated for CY07
	Crambe	0068	APH	90	Terminated for CY05
	Winter Squash	0065	DO	50	Terminated for CY06
	Raspberry/Blackberry	0108	DO	51	Terminated for CY07
	Cucumber	0106	DO	51	Terminated for CY06
	Mint	0074	APH	90	Approved for graduation in CY08
	All crops terminated except TX Cit Trees		CEO		Coverage Enhancement Option
	Apple	0054	Quality, Fancy	QF	Terminated for CY07
	Apple	0054	Quality, Other	QP	Terminated for CY07
	Strawberries	0110	FD	51	Dollar plan terminated for CY09

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