

Report Name: FCIC Installment Report					Reinsurance Year: 2015		
Exhibit Number: 1-4					Version: Approved		
					Release Date: 7/1/2014		
RO XX		FCIC INSTALLMENT REPORT				INS002	
		REINSURANCE YEAR - YYYY					
COMPANY NAME							
C/O Mga Name							
CURRENT DATE: MM/DD/YYYY HH.MM.SS			CUTOFF DATE: MM/DD/YYYY				
ST	CNTY CODE	CROP CODE	INS PLAN	PLAN GROUP	TOTAL PREMIUM	ADDITIONAL REIMBURSEMENT AMOUNT	
XX	XXX	XXXX	99	XXX	999,999	999,999	
	XXX	XXXX	99	XXX	999,999	999,999	
	XXX	XXXX	99	XXX	999,999	999,999	
	XXX	XXXX	99	XXX	999,999	999,999	
	XXX	XXXX	99	XXX	999,999	999,999	
*TOTAL STATE XX					99,999,999	99,999,999	
TX	XXX	XXXX	99	XXX	999,999	999,999	
	XXX	XXXX	99	XXX	999,999	999,999	
	XXX	XXXX	99	XXX	999,999	999,999	
	XXX	XXXX	99	XXX	999,999	999,999	
	XXX	XXXX	99	XXX	999,999	999,999	
*TOTAL STATE XX					99,999,999	99,999,999	
TOTAL					999,999,999	999,999,999	