

Exhibit Number: 2-4

Reinsurance Year: 2015

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CAT FEE RECEIVABLE REPORT
REINSURED COMPANY DETAILED REPORT
REINSURANCE YEAR - YYYY

CFE003

COMPANY NAME

C/O Mga Name

CURRENT DATE : MM/DD/YYYY HH.MM.SS

CUTOFF DATE : MM/DD/YYYY
-----[illegible]