

RO XX	FCIC STATE LIVESTOCK REIMBURSEMENT REPORT				LINS002
REINSURANCE YEAR - YYYY					
COMPANY NAME					
C/O Mga Name					
CURRENT DATE : MM/DD/YYYY HH.MM.SS			CUTOFF DATE : MM/DD/YYYY		
ST	RATE CHG	REIMBURSE RATE	TOTAL PREMIUM	REIMBURSEMENT AMOUNT	
XX		0.9999	999,999	999,999	
XX		0.9999	999,999	999,999	
XX		0.9999	999,999	999,999	
XX		0.9999	999,999	999,999	
XX		0.9999	999,999	999,999	
XX		0.9999	999,999	999,999	
XX		0.9999	999,999	999,999	
XX		0.9999	999,999	999,999	
XX		0.9999	999,999	999,999	
XX		0.9999	999,999	999,999	
XX		0.9999	999,999	999,999	
TOTAL			9,999,999	9,999,999	