

CAT COVERAGE FEES (EXCLUDING BUY-UPS)  
 REINSURED COMPANY DETAILED REPORT  
 REINSURANCE YEAR - YYYY

CFE001

COMPANY NAME

C/O Mga Name

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

ID Number	ST	CO	POLICY NUMBER	CROP YEAR	LOC CNTY	CROP CODE	TYPE	CODE	A R	ADM FEE	PREMIUM	LOSSES	FEES AMOUNT	FEES COLLECTED	FEES WAIVED
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
TOTAL											99,999,999	99,999,999	99,999,999	99,999,999	99,999,999