

RO XX FCIC DETAIL ACCOUNTING REPORT REINSURANCE YEAR - YYYY ADR004

COMPANY NAME  
 C/O Mga

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

ST	CO	POLICY	CROP YR	PREMIUM	PAIDS	LOSS CR	SUBSIDY	CLEARED LOSSES	ADDT SUBSIDY	OVERPAID PAID	OVERPAID LOSS - CR
XX	999	9999999	YYYY	999,999	999,999	999,999	999,999	99,999	99,999	9.99	9,999.99
	999	9999999	YYYY	999,999	999,999	999,999	999,999	99,999	99,999	9.99	9,999.99
*TOTAL STATE XX				9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	999,999	99.99	99,999.99
XX	999	9999999	YYYY	999,999	999,999	999,999	999,999	99,999	99,999	9.99	9,999.99
	999	9999999	YYYY	999,999	999,999	999,999	999,999	99,999	99,999	9.99	9,999.99
*TOTAL STATE XX				9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	999,999	99.99	99,999.99
XX	999	9999999	YYYY	999,999	999,999	999,999	999,999	99,999	99,999	9.99	9,999.99
	999	9999999	YYYY	999,999	999,999	999,999	999,999	99,999	99,999	9.99	9,999.99
*TOTAL STATE XX				9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	999,999	99.99	99,999.99
TOTAL				99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	9,999,999	999.99	999,999.99