

**Report Name: State Livestock Reimbursement Report**

**Exhibit Number: 9-4**

**Reinsurance Year: 2025**

**Version: Approved**

**Release Date: 6/27/2024**

AIP XX FCIC STATE LIVESTOCK REIMBURSEMENT REPORT LINS02

AIP Name XXXXXX REINSURANCE YEAR - YYYY

C/O Mga Name

Accounting Cutoff MM/DD/YYYY

Date Created MM/DD/YYYY HH.MM.SS

State Abbreviation	Rate Change	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