

Report Name: COMPLIANCE CONTINGECY FUND REPORT
 Exhibit Number: 1_14

Reinsurance Year: 2026
 Version: Comment
 Release Date: 07/17/2023

AP XX
 AP Name XX
 C/O
 Accounting Cutoff MM/DD/YYYY
 Date Created MID/YY HMM:SS AM

COMPLIANCE CONTINGECY FUND REPORT
 A & O REIMBURSEMENT PENALTY
 Reinsurance Year YYYY

State Abbreviation	PIC Code	Policy Number	Commodity Year	County Code	Commodity Code	Insurance Plan Code	Coverage Type Code	Type Code	Practice Code	Entity Name	Dispute Flag	Total Premium	Gross Reimburse	Reduction Factor	Reimburse Penalty
XX	999	1234567	9999	999	9999	99	X	999	999	XXXXXXXXXX	X	XX,XXX	X,XXX.XX	0.XXXXXX XX	X,XXX.XX
XX	999	1234567	9999	999	9999	99	X	999	999	XXXXXXXXXX	X	XX,XXX	X,XXX.XX	0.XXXXXX	X,XXX.XX
*TOTAL STATE XX												XX,XXX	X,XXX.XX		X,XXX.XX
TOTAL												XX,XXX	X,XXX.XX		X,XXX.XX