

Report Name: Escrow Register Detail Report
Exhibit Number: 8-1

Reinsurance Year: 2026
Version: Draft
Release Date: 5/1/2025

Escrow Register Detail

AIP Name XYZ Insurance Company
AIP Code XX
Account 1234567890
RY 20XX
Date XX/XX/XXXX

Total Requested Amount	\$99,999.00	Previous Y-T-D Total	\$N/A
Previous Requested Amount	\$0.00	Reinsurance Year Total	\$99,999.00
Payment Amount	\$99,999.00	Cumulative Y-T-D Total	\$99,999.00

State	Policy Issuing Company	Policy Number	Name	Claim Number	Requested Amount	Previous Amount	Payable Amount
10	999	999999	Sample Farms	1234	\$99,999.00	\$0.00	\$99,999.00