

AIP	XX	COMPLIANCE CONTINGECY FUND REPORT																
AIP Name	XX	A & O REIMBURSEMENT PENALTY																
C/O		Reinsurance Year YYYY																
Accounting Cutoff	MM/DD/YYYY																	
Date Created	M/D/YY HMMSS AM																	
State Abbreviation		PIC Code	Policy Number		Commodity Year		County Code	Commodit y 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	999XXXXXXXXXX	X	XX.XXX	X.XXX.XX	0.XXXXXX	X.XXX.XX
XX		999	1234567		9999		999	9999	99	X		999	999XXXXXXXXXX	X	XX.XXX	X.XXX.XX	0.XXXXXX XX	X.XXX.XX
*TOTAL STATE XX															XX.XXX	X.XXX.XX		X.XXX.XX
TOTAL															XX.XXX	X.XXX.XX		X.XXX.XX