

CAT COVERAGE FEES (EXCLUDING BUY-UPS)															CFE001
REINSURED COMPANY DETAILED REPORT															
REINSURANCE YEAR - YYYY															
COMPANY NAME															
C/O Mga Name															
CURRENT DATE : MM/DD/YYYY			HH.MM.SS		CUTOFF DATE : MM/DD/YYYY										
ID Number	ST	CO	POLICY NUMBER	CROP YEAR	LOC CNTY	CROP CODE	TYPE	CODE	A R	ADM FEE	PREMIUM	LOSSES	FEES AMOUNT	FEES COLLECTED	FEES WAIVED
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
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