

Report Name: COMPLIANCE

Exhibit Number: 1_14

Reinsurance Year: 2027

Version: Draft

Release Date: 4/23/2026

AIP XX COMPLIANCE CONTINGECY FUND
 AIP Name XX A & O REIMBURSEMENT
 C/O Reinsurance Year YYYY
 Accounting Cutoff MM/DD/YYYY
 Date Created M/D/YY H:MM:SS AM

| 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.XXXXXXXXXX | X,XXX.XX |
| XX | 999 | 1234567 | 9999 | 999 | 9999 | 99 | X | 999 | 999 | XXXXXXXXXX | X | XX,XXX | X,XXX.XX | 0.XXXXXXXXXX | X,XXX.XX |
| *TOTAL STATE XX | | | | | | | | | | | | XX,XXX | X,XXX.XX | | X,XXX.XX |
| TOTAL | | | | | | | | | | | | XX,XXX | X,XXX.XX | | X,XXX.XX |