Report Name: **CAT Coverage Fees (Excluding Buy-ups)**
Reinsured Company Detailed Report
Exhibit Number: **2-2**

Reinsurance Year: 2027
Version: Draft
Release Date: 4/23/2026

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
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
TOTAL											99,999,999	99,999,999	99,999,999	99,999,999	99,999,999