

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

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

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 Requested Amount \$0.00
Payment Amount \$99,999.00

Previous Y-T-D Total \$N/A
Reinsurance Year Total \$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