

RO XX  
 RO TAX ID: 999999999  
 Reinsured Company Name  
 C/O MGA  
 Street Address,  
 City, ST 99999-9999  
 CURRENT DATE : 10/09/2004 07.26.16

FCIC OPERATIONS REPORT  
 REINSURANCE YEAR - 2006  
 MONTHLY

PAGE: 1  
 RCP001-C

CUTOFF DATE : 10/09/2004

	PREMIUM	PAID	LOSS-CR	SUBSIDY	LOSSES	ADDT	SUBSIDY
GRP/GRIP	0	.00	0	0	0		0
REVENUE HARV. OPT.	0	.00	0	0	0		0
OTHER	0	.00	0	0	0		0
TOTAL NON CAT	0	.00	0	0	0		0
CAT	0			0	0		

					DUE COMPANY	DUE FCIC
(L/R = .0000 )						
a.NET EXPENSE REIMBURSEMENT ADJUSTMENT					.00	
b.NET CONTINGENCY FUND						.00
c.PREMIUM COLLECTED	.00					.00
d.ESCROW AND DRAFTS		.00	.00	.00	.00	
e.LOSS DEDUCTIONS (F,R,O)	.00	.00	.00	.00	.00	
f.STATE SUBSIDY					.00	
g.COMPANY PREVIOUS PAYMENT					.00	
h.FCIC INTEREST PAID					.00	
i.LITIGATION EXPENSE					.00	
j.NET ADMINISTRATIVE FEE ADJUSTMENT						.00
k.REDUCTIONS DUE TO RECON REPORT DIFFERENCES						.00
l.FCIC INTEREST/PENALTY						.00
m.FCIC DET OVERPAID						.00
n.FCIC PREVIOUS PAYMENT						.00
o.ESCROW FUNDED						.00
p.PAID PREVIOUS WORKSHEETS					.00	.00
q.UNDERWRITING LOSS					.00	.00
r.AQUACULTURE UNDERWRITING LOSS					.00	.00
s.SUBTOTAL					.00	.00
t.TOTAL FROM CURRENT WORKSHEET					.00	.00
u.BALANCE DUE COMPANY/FCIC						.00

ESCROW REIMBURSEMENT

v.PREVIOUS ESCROW FUNDED						.00
w.LESS DRAFTS ISSUED (ESCROW)						.00
x.ESCROW BALANCE						.00

CERTIFIED CORRECT

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 NOTE: ANY FALSE CERTIFICATION MADE TO THE CORPORATION MAY SUBJECT THE MAKER TO CRIMINAL AND CIVIL PENALTIES AS PROVIDED  
 IN 18 U.S.C. 287,1001; 31 U.S.C. 3729 AND 3730

RO XX  
 RO TAX ID: 999999999  
 Reinsured Company Name  
 C/O MGA  
 Street Address,  
 City, ST 99999-9999

FCIC INSTALLMENT REPORT  
 REINSURANCE YEAR - 2006

PAGE: 1  
 INS001

CURRENT DATE : 10/09/2004 07.01.14 CUTOFF DATE : 10/09/2004

	PREMIUM	PAID	LOSS-CR	SUBSIDY	LOSSES	ADDT SUBSIDY
GRP/GRIP	0	.00	0	0	0	0
REVENUE HARV. OPT.	0	.00	0	0	0	0
OTHER	0	.00	0	0	0	0
TOTAL NON CAT	0	.00	0	0	0	0
CAT	0			0	0	

DUE COMPANY

ADMINISTRATIVE AND OPERATING SUBSIDY

GRP/GRIP						
(22.4%) - 75% COVERAGE LEVEL		999,999		.00		
(20.1%) - 80% COVERAGE LEVEL		999,999		.00		
(19.4%) - 85% COVERAGE LEVEL		999,999		.00		
TOTAL GRP/GRIP						.00
REVENUE HARV. OPT.						
(20.8%) - 75% COVERAGE LEVEL		9,999,999		.00		
(18.7%) - 80% COVERAGE LEVEL		9,999,999		.00		
(18.1%) - 85% COVERAGE LEVEL		9,999,999		.00		
TOTAL REVENUE						.00
OTHER						
(24.2%) - 75% COVERAGE LEVEL		9,999,999		.00		
(21.7%) - 80% COVERAGE LEVEL		9,999,999		.00		
(21.0%) - 85% COVERAGE LEVEL		9,999,999		.00		
TOTAL OTHER						.00
TOTAL ADMINISTRATIVE AND OPERATING SUBSIDY						.00
CAT LOSS ADJUSTMENT (07%)		9,999,999				.00
NET EXPENSE REIMBURSEMENT ADJUSTMENT						.00

RO XX  
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 City, ST 99999-9999  
 CURRENT DATE : 10/09/2004 07.26.16

FCIC OPERATIONS REPORT  
 REINSURANCE YEAR - 2006  
 ANNUAL

PAGE: 1  
 RCP002-C

CUTOFF DATE : 10/09/2004

	PREMIUM	PAID	LOSS-CR	SUBSIDY	LOSSES	ADDT	SUBSIDY
GRP/GRIP	0	.00	0	0	0		0
REVENUE HARV. OPT.	0	.00	0	0	0		0
OTHER	0	.00	0	0	0		0
TOTAL NON CAT	0	.00	0	0	0		0
CAT	0			0	0		

(L/R = .0000 )					DUE COMPANY	DUE FCIC
a.NET EXPENSE REIMBURSEMENT ADJUSTMENT					.00	
b.NET CONTINGENCY FUND						.00
c.PREMIUM COLLECTED	.00					.00
d.LOSS-CR, ESCROW AND DRAFTS	.00	.00	.00	.00	.00	
e.LOSS DEDUCTIONS (F,R,O)	.00	.00	.00	.00	.00	
f.STATE SUBSIDY					.00	
g.SUBSIDY					.00	
h.ADDITIONAL SUBSIDY					.00	
i.COMPANY PREVIOUS PAYMENT					.00	
j.FCIC INTEREST PAID					.00	
k.LITIGATION EXPENSE					.00	
l.NET ADMINISTRATIVE FEE ADJUSTMENT						.00
m.REDUCTIONS DUE TO RECON REPORT DIFFERENCES						.00
n.FCIC INTEREST/PENALTY						.00
o.FCIC DET OVERPAID						.00
p.FCIC PREVIOUS PAYMENT						.00
q.ESCROW FUNDED						.00
r.PAID PREVIOUS WORKSHEETS					.00	.00
s.UNDERWRITING GAIN/LOSS					.00	.00
t.AQUACULTURE UNDERWRITING GAIN/LOSS					.00	.00
u.SUBTOTAL					.00	.00
v.TOTAL FROM CURRENT WORKSHEET					.00	.00
w.BALANCE DUE COMPANY/FCIC						.00

ESCROW REIMBURSEMENT

x.PREVIOUS ESCROW FUNDED						.00
y.LESS DRAFTS ISSUED (ESCROW)						.00
z.ESCROW BALANCE						.00

CERTIFIED CORRECT

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 NOTE: ANY FALSE CERTIFICATION MADE TO THE CORPORATION MAY SUBJECT THE MAKER TO CRIMINAL AND CIVIL PENALTIES AS PROVIDED  
 IN 18 U.S.C. 287,1001; 31 U.S.C. 3729 AND 3730

RO XX  
XXXXXX INSURANCE COMPANY  
P.O. BOX 999  
CITY, STATE 999999999 ID# 99-999999  
CURRENT DATE: YYYY/MM/DD CUTOFF DATE YYYY/MM/DD

FCIC ADMINISTRATIVE FEE REPORT  
REINSURANCE YEAR 2006  
(MONTHLY)

FEE001  
(ARS2100)

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CAT FEES DUE FCIC	9,900.00
ADDT=L COVERAGE FEES DUE FCIC	.00
LESS COMPANY CAT FEES REDUCTION	<u>1,000.00</u>
ADMINISTATIVE FEES DUE FCIC	8,900.00

RO XX  
 XXXXXX INSURANCE COMPANY  
 C/O XXXXX INSURANCE COMPANY  
 P.O. BOX 999  
 CITY, STATE 999999999 ID# 99-999999  
 CURRENT DATE: YYYY/MM/DD

FCIC ACCOUNTING DETAIL REPORT (EXCLUDING CAT)  
 REINSURANCE YEAR 2006  
 MONTHLY

ADR001  
 (ARS1800)

ST	CO	POL #	YR	NAME	(NOTES)	PREMIUM	PAID	LOSS-CR	SUBSIDY	CLEARED LOSSES	COST SHARE
XX	999	999999	YYYY	DOE, JOHN	*L	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JOHN	*	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JOHN	*#	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JOHN	*	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JOHN	*L	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JOHN	*	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JANE	*L	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JANE	*	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JANE	*	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JANE	*L	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JANE	*	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JANE	*#	9,999	9,999	999	9,999	999	99
TOTAL						9,999	9,999	999	9,999	9,999	99

\*\*\* NOTES \*\*\*

- (\*) - ASSIGNED RISK
- (P) - PAYMENT CR MEMO
- (L) - POLICY EITHER INCLUDES OR IS LIMITED COVERAGE
- (V) - OVERPAID
- (E) - ESCROW

RO XX  
 XXXXXX INSURANCE COMPANY  
 C/O XXXXX INSURANCE COMPANY  
 P.O. BOX 999  
 CITY, STATE 999999999 ID# 99-999999  
 CURRENT DATE: YYYY/MM/DD

FCIC ACCOUNTING DETAIL REPORT (EXCLUDING CAT  
 REINSURANCE YEAR 2006  
 STATE TOTALS

ADR002  
 (ARS1800)

CUTOFF DATE: YYYY/MM/DD

ST	PREMIUM	PAID	LOSS-CR	SUBSIDY	CLEARED LOSSES	COST SHARE
CO	77,078	0.00	0	25,608	0	0
KS	69,303	0.00	0	22,345	0	0
NE	247,612	0.00	0	81,640	0	0
TX	2,894	0.00	0	1,207	0	0
TOTAL	396,887	0.00	0	130,800	0	0

RO XX  
 XXXXXX INSURANCE COMPANY  
 C/O XXXXX INSURANCE COMPANY  
 P.O. BOX 999  
 CITY, STATE 999999999 ID# 99-999999  
 CURRENT DATE: YYYY/MM/DD

FCIC DETAIL REPORT (EXCLUDING CAT)  
 REINSURANCE YEAR 2006  
 GRAND TOTALS

ADR003  
 ARS4130-3

CUTOFF DATE: YYYY/MM/DD

CROP YR	PREMIUM	PAID	LOSS-CR	SUBSIDY	LOSSES	COST SHARE
2005	4,771,780			1,849,846		
2006	33,965,205			13,395,937		
2007	25,900			45,121		
TOTALS	38,762,885	167,779.38		15,290,904		
OVERPAIDS		167.00	0			
GRAND TOTALS LESS OVERPAIDS	38,762,885	167,612.38	0	15,290,904	0	0

PMEMO  
 MMEMO  
 PLCR

FCIC DETAIL OVERPAIDS REPORT (EXCLUDING CAT)  
REINSURANCE YEAR - 2006  
MONTHLY

ADR004

CURRENT DATE/TIME: 04/18/2002 05:36:27 CUTOFF DATE: 04/13/2002

ST	CO	POLICY	CROP YR	PREMIUM	PAID	LOSS CR	SUBSIDY	CLEARED LOSSES	COST SHARE
00	000	0000000	0000	0,000	0,000	0.00	0	0	0



RAS SUMMARY LOAD  
P/CR MEMO REJECT REPORT

CURRENT DATE: YYYY/MM/DD  
PCR001  
(ARS4110)

RO XX  
XXXXXX REINSURED COMPANY  
C/O XXXXX INSURANCE COMPANY  
P.O. BOX 999  
CITY, STATE 999999999 ID#99-999999  
CUTOFF DATE: YYYY/MM/DD

P/CR MEMO RO	P/CR LOC ST	P/CR CNO	P/CR MEMO POLICY NO	P/CR MEMO CROP YR	PAID	STATE SUBSIDY	PMEMO	SOURCE RO	SOURCE LOC ST	SOURCE CNO	SOURCE POLICY NO	SOURCE CROP YR
XX	NE	900	003010	YYYY	0.00	0.00	817.00	XX	31	900	013010	YYYY
	PA	900	000666	YYYY	0.00	0.00	1757.00	XX	42	900	010666	YYYY
			001313	YYYY	0.00	0.00	1084.00	XX	42	900	011313	YYYY
			001314	YYYY	0.00	0.00	84.00	XX	42	900	011314	YYYY
			001941	YYYY	0.00	0.00	3336.00	XX	42	900	011941	YYYY
			002713	YYYY	0.00	0.00	6.00	XX	42	900	012713	YYYY
			002829	YYYY	0.00	0.00	171.00	XX	42	900	012829	YYYY
			002893	YYYY	0.00	0.00	55.00	XX	42	900	012893	YYYY
			002992	YYYY	0.00	0.00	2708.00	XX	42	900	012992	YYYY
			003100	YYYY	0.00	0.00	3691.00	XX	42	900	013100	YYYY
			003114	YYYY	0.00	0.00	2679.00	XX	42	900	013114	YYYY
			003119	YYYY	0.00	0.00	769.00	XX	42	900	013119	YYYY
			003120	YYYY	0.00	0.00	3877.00	XX	42	900	013120	YYYY
			003123	YYYY	0.00	0.00	7369.00	XX	42	900	013123	YYYY
			003305	YYYY	0.00	0.00	75.00	XX	42	900	013305	YYYY
			003390	YYYY	0.00	0.00	316.00	XX	42	900	013390	YYYY
			003447	YYYY	0.00	0.00	84.00	XX	42	900	013447	YYYY
			003448	YYYY	0.00	0.00	1030.00	XX	42	900	013448	YYYY
			003450	YYYY	0.00	0.00	85.00	XX	42	900	013450	YYYY
			003525	YYYY	0.00	0.00	671.00	XX	42	900	013525	YYYY
			003526	YYYY	0.00	0.00	299.00	XX	42	900	013526	YYYY
			003668	YYYY	0.00	0.00	179.00	XX	42	900	013668	YYYY
			003673	YYYY	0.00	0.00	282.00	XX	42	900	013673	YYYY
			003692	YYYY	0.00	0.00	174.00	XX	42	900	013692	YYYY
			003693	YYYY	0.00	0.00	94.00	XX	42	900	013693	YYYY
			003696	YYYY	0.00	0.00	159.00	XX	42	900	013698	YYYY
			003699	YYYY	0.00	0.00	94.00	XX	42	900	013699	YYYY
			003700	YYYY	0.00	0.00	19.00	XX	42	900	013700	YYYY
			003701	YYYY	0.00	0.00	94.00	XX	42	900	013701	YYYY
TOTAL RO: XX					0.00	0.00	32058.00					

EXAMPLE 1:

LATE PAYMENTS

<u>REPORT DATE</u>	<u>REPORT DUE</u>	<u>AMOUNT RECEIVED</u>	<u>DAYS LATE</u>	<u>RATE</u>	<u>INTEREST AMOUNT</u>	<u>NOTE REF.</u>
05/08/YYYY	05/29/YYYY	\$100,000	31	15%	\$1,273.97	1
11/06/YYYY	11/30/YYYY	\$1,000,000	7	15%	\$2,876.71	2

1. Payment of the \$100,000 balance due FCIC on the 05/08/YYYY report, due on 05/29/YYYY, the last banking day of the month, is received on 06/02/YYYY.
2. Payment of the \$1,000,000 balance due FCIC on the 11/06/YYYY report, due on 11/30/YYYY, the last banking day in the month, is received on 12/07/YYYY.

EXAMPLE 2:

INTEREST ON OVERPAID INDEMNITIES/UNDERSTATED PREMIUM CASES IDENTIFIED THROUGH REVIEW

<u>DETERMINATION LETTER</u>	<u>OVERPAYMENT AMOUNT</u>	<u>DATE OF APPEAL</u>	<u>DETERMINATION LETTER</u>	<u>INDEMNITY OVERPAYMENT</u>	<u>DAYS</u>	<u>INTEREST RATE</u>	<u>INTEREST DUE</u>	<u>NOTE REF</u>
1/20/YYYY	\$10,000	N/A	N/A	02/12/YYYY	26	15%	0.00	1
1/20/YYYY	\$15,000	N/A	N/A	04/09/YYYY	100	15%	\$616.44	2
1/20/YYYY	\$20,000	02/15/YYYY	11/15/YYYY	12/15/YYYY	345	15%	\$2,835.62	3

1. The Company is notified of an overpayment in a Final findings by the Regional Compliance Offices letter dated January 20, YYYY. The February 9, YYYY report containing the correction was filed timely. Since the report was corrected within 30 days, interest does not attach.
2. The Company is notified of an overpayment amount in a final findings by the Regional Compliance Offices letter dated January 20, YYYY. The amount is to be corrected on the February 9, YYYY report. No appeal is filed. No corrections are made until the April 9, YYYY report. Interest is calculated starting with the day after the final findings by the Regional Compliance Offices letter which is January 21, YYYY through the due date of the certified report containing the corrections is submitted, which is April 30, YYYY.
3. Interest begins accruing based on the date of the Final findings by the Regional Compliance Offices letter. Appeals have no affect on delaying the interest computation date. In this example, the company is notified of an overpayment in a Final findings by the Regional Compliance Offices letter dated January 20, YYYY. The company files an appeal on February 15, YYYY. The appeal is heard and FCIC receives a favorable decision. Had the company received a favorable decision, no interest is due. The Company is notified by an Appeal Determination letter on December 15, YYYY of the amount due FCIC. Interest is calculated starting with the day after the Final findings by the Regional Compliance Offices letter, which is January 21, YYYY through the due date of the certified report containing the correction is submitted, which is December 31, YYYY.

RO XX  
 XXXXXX INSURANCE COMPANY  
 C/O XXXXX INSURANCE COMPANY  
 P.O. BOX 999  
 CITY, STATE 999999999 ID# 99-999999  
 CURRENT DATE: YYYY/MM/DD

CAT COVERAGE FEES (EXCLUDING BUY-UPS)  
 REINSURED COMPANY DETAIL REPORT  
 REINSURANCE YEAR 2006  
 MONTHLY  
 CUTOFF DATE: YYYY/MM/DD

CFE001  
 (ARS4160)

ID-NUMBER	ST	CO	POL#	YR	LOC CTY	CROP CODE	CROP TYPE	A R	PREMIUM	LOSSES	FEE AMOUNT	FEES COLLECTED	FEES WAIVED
999999999	XX	999	999999	YYYY	001	011	001	*	250	-0-	50	-0-	-0-
				YYYY	001	021	001		250	-0-	50	-0-	-0-
				YYYY	001	041	001		250	-0-	-0-	50	-0-
				YYYY	001	051	001		250	-0-	-0-	50	-0-
				YYYY	001	081	001		250	-0-	-0-	-0-	-0-
				YYYY	001	091	001		250	-0-	-0-	-0-	-0-
999999999	XX	999	999999	YYYY	001	011	001		100	-0-	50	-0-	-0-
				YYYY	001	041	001		100	-0-	50	-0-	-0-
				YYYY	001	051	001		100	-0-	-0-	50	-0-
				YYYY	001	081	001	*	100	-0-	-0-	50	-0-
				YYYY	001	091	001		100	-0-	-0-	-0-	-0-
999999999	XX	999	999999	YYYY	001	011	001		227	-0-	50	-0-	-0-
				YYYY	001	041	001		227	-0-	50	-0-	-0-
999999999	XX	999	999999	YYYY	001	011	001		500	-0-	-0-	-0-	50
				YYYY	001	041	001		500	-0-	-0-	-0-	50
				YYYY	001	081	001		500	-0-	-0-	-0-	-0-
999999999	XX	999	999999	YYYY	001	011	001	*	100	-0-	-0-	-0-	50
				YYYY	001	041	001		100	-0-	-0-	-0-	50
2005									-0-	-0-			
2006									4,154	-0-			
2007									-0-	-0-			
GRAND TOTAL XX									4,154	-0-	300	200	200

\*\*\*NOTES\*\*\*

(\*)- ASSIGNED RISK/(E) - ESCROW

RO XX  
 XXXXXX INSURANCE COMPANY  
 P.O. BOX 999  
 CITY, STATE 999999999 ID# 99-999999  
 CURRENT DATE: YYYY/MM/DD

CAT COVERAGE FEES  
 REINSURED COMPANY DETAIL REPORT  
 REINSURANCE YEAR 2006

CFE002  
 (ARS4160)

CUTOFF DATE: YYYY/MM/DD

<u>ST</u>	<u>PREMIUM</u>	<u>LOSSES</u>	<u>FEE AMOUNT</u>	<u>FEES COLLECTED</u>	<u>FEES WAIVED</u>
AL	97,973		6,350	50	800
AR	766,621		35,700	600	750
AZ	6,278		1,150	0	0
CA	1,417,706		42,900	2,700	100
CO	1,042,657		68,950	0	350
CT	4,040		50	0	0
DE	9,732		300	0	0
FL	2,787,990		30,250	1,300	0
GA	99,288		13,500	600	50
IA	506		300	0	0
ID	22,714		4,800	150	0
IL	106,843		34,050	200	800
IN	19,288		9,800	50	100
KS	1,115,889		180,100	0	2,100
KY	81,832		9,600	0	1,000
LA	57,674		3,700	100	0
MA	107,293		2,800	0	0
MD	131,040		17,750	0	100
ME	0		50	0	0
MI	16,012		5,700	200	450
MN	1,893		900	0	0
MO	466,378		81,450	300	1,650
MS	47,328		4,000	200	0
MT	144,275		21,350	0	100
NC	600,089		32,600	0	200
ND	3,110		1,350	0	0
NE	160,350		27,300	0	1,150
NJ	19,557		50	0	0
NM	235,521		9,900	0	0
NY	57,754		5,700	200	100
OH	20,716		12,900	300	450
OK	227,635		29,900	50	100
OR	118,883		6,450	0	150
PA	47,171		6,900	0	100
SC	159,652		8,000	1,250	0

2005	305,204
2006	11,666,278
2007	343,566

TOTAL	12,315,048	0	842,350	9,500	13,600
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CFE003

RO XX  
XXXXXX INSURANCE COMPANY  
c/o XXXXX INSURANCE COMPANY  
P.O. Box 999  
CITY, ST 999999

CAT COVERAGE FEES  
RECEIVABLE REPORT  
REINSURANCE YEAR - 2006

TAX ID# 999999999

CURRENT DATE/TIME: 04/18/2002 06:25:11 CUTOFF DATE: 04/13/2002

ID NUMBER	ST	CO	POLICY	CROP YEAR	LOC CNTY	CROP CODE	CROP TYPE	COLLECT PT ID	FEE AMOUNT	ADJ AMOUNT	INTEREST/PENALTY	COLLECT AMOUNT	BALANCE DUE
000000000	00	000	0000000	0000	000	0000	000	0	100.00	00.00	00.00	00.00	100.00

RO XX  
RO NAME

ADDITIONAL COVERAGE ADMINISTRATIVE FEE SUMMARY REPORT  
REINSURANCE YEAR - 2006  
MONTHLY

PAGE 1  
ACA001  
(ARS4150)

STREET ADDRESS

CITY, ST 99999-9999

TAX ID# 999999999

CURRENT DATE/TIME: 01/01/2001 01:01:01 CUTOFF DATE: 01/01/2001

STATE	2006 JAN	2006 APR	2006 MAY	2006 JUN	2006 JUL	2006 AUG	2006 SEP	2006 OCT	2006 NOV	2006 DEC	2007 JAN	2007 MAR	FEEES PREPAID	TOTAL
AR	0	0	0	0	0	0	0	0	0	0	0	0		0
GA	0	0	0	0	0	0	0	0	0	0	0	0		0
IA	0	0	0	0	0	0	0	0	0	0	0	0		0
ID	0	0	0	0	0	0	0	0	0	0	0	0		0
IL	0	0	0	0	0	0	0	0	0	0	0	0		0
IN	0	0	0	0	0	0	0	0	0	0	0	0		0
KS	0	0	0	0	0	0	0	0	0	0	0	0		0
MI	0	0	0	0	0	0	0	0	0	0	0	0		0
MN	0	0	0	0	0	0	0	0	0	0	0	0		0
MO	0	0	0	0	0	0	0	0	0	0	0	0		0
ND	0	0	0	0	0	0	0	0	0	0	0	0		0
NM	0	0	0	0	0	0	0	0	0	0	0	0		0
OH	0	0	0	0	0	0	0	0	0	0	0	0		0
SD	0	0	0	0	0	0	0	0	0	0	0	0		0
TX	0	0	0	0	0	0	0	0	0	0	0	0		0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0		0
TOTAL														0
WAIVED														0
GRAND														0

RO XX  
 XXXXXX INSURANCE COMPANY  
 C/O XXXXX INSURANCE COMPANY  
 P.O. BOX 999  
 CITY, STATE 999999999 ID# 99-999999  
 CURRENT DATE: YYYY/MM/DD

FCIC REINSURANCE RUN  
 REINSURANCE YEAR 2006

FR7YY40M

CUTOFF DATE: YYYY/MM/DD

STATE/RECAP	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
AL	OTHER COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	OTHER DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	OTHER ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPOMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	REVENUE COMMERCIAL	9.9	9,999,999	99,999	9,999	.9
	REVENUE DEVELOPMENTAL	9.9	999,999,999	999,999	99,999	9.9
	REVENUE ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	SUBTOTAL 1		999,999,999	999,999	99,999	9.9

(CONTINUED)



(CONTINUED)  
 FCIC REINSURANCE RUN  
 REINSURANCE YEAR 2006

FR7YY40M

RO XX  
 XXXXXX INSURANCE COMPANY  
 C/O XXXXX INSURANCE COMPANY  
 P.O. BOX 999  
 CITY, STATE 999999999 ID# 99-999999  
 CURRENT DATE: YYYY/MM/DD

CUTOFF DATE: YYYY/MM/DD

STATE/RECAP	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
RO RECAP	OTHER COMMERCIAL	99.9	99,999,999	999,999	99,999	9.9
	OTHER DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	OTHER ASSIGN RISK	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT ASSIGN RISK	9.9	999,999,999	999,999	99,999	9.9
	REVENUE COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	REVENUE DEVELOPMENTAL	9.9	9,999,999	99,999	9,999	.9
	REVENUE ASSIGN RISK	9.9	9,999,999	99,999	9,999	.9
	SUBTOTAL 1		999,999,999	999,999	99,999	9.9
	OTHER COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	OTHER DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	REVENUE COMMERCIAL	.9	999,999,999	999,999	99,999	9.9
	REVENUE DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	ASSIGN RISK	9.9	9,999,999	99,999	9,999	.9
	REVISED SUBTOTAL 1		999,999,999	99,999	99,999	9.9
	OTHER COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	OTHER DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	REVENUE COMMERCIAL	9.9	999,999,999	999,999	99,999	9.9
	REVENUE DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	ASSIGN RISK	9.9	9,999,999	99,999	9,999	.9
	RETAINED SUBTOTAL 2		999,999,999	999,999	99,999	9.9

(CONTINUED)

RO XX  
 XXXXXX INSURANCE COMPANY  
 C/O XXXXX INSURANCE COMPANY  
 P.O. BOX 999  
 CITY, STATE 999999999 ID# 99-999999  
 CURRENT DATE: YYYY/MM/DD

(CONTINUED)  
 FCIC REINSURANCE RUN  
 REINSURANCE YEAR 2006

FR7YY40M

CUTOFF DATE: YYYY/MM/DD

STATE/COUNTY/CROP	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
RO RECAP	OTHER COMMERCIAL	9.9	999,999,999	999,999	99,999	9.9
	OTHER DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	9.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL	9.9	9,999,999	99,999	9,999	.9
	REVENUE COMMERCIAL	9.9	9,999,999	99,999	9,999	.9
	REVENUE DEVELOPMENTAL	9.9	9,999,999	99,999	9,999	.9
	ASSIGN RISK	9.9	9,999,999	99,999	9,999	.9
	RETAINED SUBTOTAL 3		999,999,999	999,999	99,999	9.9
	OTHER COMMERCIAL			999,999,999	999,999	
	OTHER DEVELOPMENTAL			9,999,999	99,999	
	CAT COMMERCIAL			9,999,999	99,999	
	CAT DEVELOPMENTAL			9,999,999	99,999	
	REVENUE COMMERCIAL			9,999,999	99,999	
	REVENUE DEVELOPMENTAL			9,999,999	99,999	
	ASSIGN RISK			9,999,999	99,999	
	SUBTOTAL 4			999,999,999	999,999	
	OTHER COMMERCIAL GAIN/LOSS			999,999,999		
	CAT COMMERCIAL GAIN/LOSS			9,999,999		
	REVENUE COMMERCIAL GAIN/LOSS			999,999		
	OTHER DEVELOPMENTAL GAIN/LOSS			999,999,999		
	CAT DEVELOPMENTAL GAIN/LOSS			9,999,999		
	REVENUE DEVELOPMENTAL GAIN/LOSS			999,999		
	ASSIGN RISK GAIN/LOSS			9,999		
	STATE GAIN/LOSS			999,999		
	RESERVE FOR LOSSES			999,999		
	RESERVE FOR LOSSES APPLIED			9		
	RESERVE FOR LOSSES BALANCE			999,999		

RECONCILIATION REDUCTION WORKSHEET  
 REINSURANCE YEAR 2006  
 MONTHLY SETTLEMENT

YYYY/MM/DD

CUTOFF DATE: YYYY/MM/DD

PREMIUM:	PREMIUM DISCREPANCIES (GRP/GRIP)	.00
	PREMIUM DISCREPANCIES (REVENUE HARV. OPT.)	29,568.32
	PREMIUM DISCREPANCIES (OTHER)	65,979.41
	TOTAL PREMIUM REDUCTION	95,547.73
PAIDS:	PAID DISCREPANCIES	.00
	TOTAL PAID REDUCTION	.00
LOSSES:	LOSS DISCREPANCIES	.00
	TOTAL LOSS REDUCTION	.00
	TOTAL RECONCILIATION REDUCTION	95,547.73
NON-CAT SUBSIDY FACTOR		.56848578

RECONCILIATION REDUCTION WORKSHEET  
REINSURANCE YEAR 2006  
ANNUAL SETTLEMENT

YYYY/MM/DD

CUTOFF DATE: YYYY/MM/DD

PREMIUM:	PREMIUM DISCREPANCIES (GRP/GRIP)	6,666.00
	PREMIUM DISCREPANCIES (REVENUE HARV. OPT.)	.00
	PREMIUM DISCREPANCIES (OTHER)	.00
	TOTAL PREMIUM REDUCTION	6,666.00
LOSSES:	LOSS DISCREPANCIES	5,555.55
	TOTAL LOSS REDUCTION	5,555.55
	TOTAL RECONCILIATION REDUCTION	12,221.55
NON-CAT SUBSIDY FACTOR	.38110441	



RO XX

RECONCILIATION WORKSHEET  
DISCREPANCIES BY POLICY - LOSS  
MONTHLY REPORT  
REINSURANCE YEAR 2006

PAGE: 1  
REC5100YB -3

YYYY/MM/DD MONTHLY PROCESSING DATE: YYYY/MM/DD

<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>LOSSES</u> <u>YR</u>	<u>LOSSES</u> <u>DATABASE</u>	<u>LOSSES</u> <u>COMPANY</u>	<u>LOSSES</u> <u>DIFFERENCE</u>	<u>LOSSES</u> <u>COMPARE (+)</u>	<u>COMPARE (-)</u>
XX	XX	999	999999	YYYY	78	122	-44		-44
	XX	999	999999	YYYY	4,395	4,922	-527		-527
	XX	999	999999	YYYY	2,325	1,200	1,125	1,125	
*TOTAL RPT_ORGAN XX					6,798	6,244	554	1,125	-571

RO XX

RECONCILIATION WORKSHEET  
DISCREPANCIES BY POLICY - PAID  
MONTHLY REPORT  
REINSURANCE YEAR 2006

PAGE: 1  
REC5100YB -2

YYYY/MM/DD MONTHLY PROCESSING DATE: YYYY/MM/DD

<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>PAID DATABASE</u>	<u>PAID COMPANY</u>	<u>PAID DIFFERENCE</u>	<u>PAID COMPARE (+)</u>	<u>PAID COMPARE (-)</u>
XX	XX	999	999999	YYYY	4,658	4,798	-140		-140
			999999	YYYY	9,484	9,485	-1		-1
			999999	YYYY	24,732	24,733	-1		-1
			999999	YYYY	5,668	5,879	-211		-211
			999999	YYYY	757	758	-1		-1
			999999	YYYY	1,279	1,280	-1		-1
			999999	YYYY	11,916	11,913		3	
			999999	YYYY	2,306	2,307	-1		-1
			999999	YYYY	3,496	3,497	-1		-1
*TOTAL RPT_ORGAN XX					64,296	64,650	-354	3	-357

RO XX

RECONCILIATION WORKSHEET  
DISCREPANCIES BY POLICY - LOSS-CREDITS  
MONTHLY REPORT  
REINSURANCE YEAR 2006

PAGE: 1  
REC5100YB -4

YYYY/MM/DD MONTHLY PROCESSING DATE: YYYY/MM/DD

<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>LOSS CREDITS DATABASE</u>	<u>LOSS CREDITS COMPANY</u>	<u>LOSS CREDITS DIFFERENCE</u>	<u>LOSS CREDITS COMPARE (+)</u>	<u>LOSS CREDITS COMPARE (-)</u>
XX	XX	999	999999	YYYY	1,964	982	982	982	
		999	999999	YYYY	1,750	1,555	195	195	
	XX	999	999999	YYYY	1,520	3,040	-1,520		-1,520
*TOTAL RPT_ORGAN XX					5,234	5,577	343	1,177	-1,520





FCIC SUMMARY REPORT (MONTHLY)  
(PREMIUM DUE WITHOUT PAYMENTS WORK SHEET)  
REINSURANCE YEAR 2006

PDW  
(ARS4230)

RO XX  
SOME REINSURANCE COMPANY  
C/O INSURANCE COMPANY  
P.O. BOX 999  
YOUR CITY, ST 999999999 ID# 99-9999999  
CURRENT DATE: YYYY/MM/DD

CUTOFF DATE: YYYY/MM/DD

		(A)	(B)	(C)	(D)	(E)	(F)	(H)
		CURRENT REPORT	PREVIOUS PEAK	RPT DATE OF PEAK	INC OF PREM DUE WO PAYM	NBR DAYS INTEREST	INTEREST DUE (%) (D) (E)	TOTAL OF INTEREST (-F)
MONTH								
JANUARY	2006			_____	_____	_____	_____	
MARCH	2006	0	0	_____	_____	_____	_____	
MAY	2006	_____	_____	_____	_____	_____	_____	
JULY	2006	_____	_____	_____	_____	_____	_____	
OCTOBER	2006	_____	_____	_____	_____	_____	_____	
JANUARY	2007	_____	_____	_____	_____	_____	_____	
TOTAL								

EXAMPLE 3:

PREMIUM DUE WITHOUT (W/O) PAYMENTS

<u>PREMIUM PAYMENT DUE DATE</u>	<u>REPORT DATE</u>	<u>TOTAL PREMIUM DUE W/O PMT.</u>	<u>AMOUNT OF INCREASES IN PREMIUM FROM PREVIOUS PEAK</u>	<u>DAYS (365 DAY YR.) (EXACT DAYS)</u>	<u>INTEREST RATE</u>	<u>INTEREST AMOUNT</u>	<u>NOTE REF.</u>
11/01/YYYY	11/06/YYYY	\$1,000,000	\$0	0	0	\$0.00	1
11/01/YYYY	12/11/YYYY	\$1,200,000	\$200,000	61	15%	\$5,013.70	2
11/01/YYYY	01/09/YYYY	\$1,300,000	\$100,000	92	15%	\$3,780.82	3
11/01/YYYY	02/12/YYYY	\$1,100,000	\$0	0	15%	\$0.00	4
11/01/YYYY	03/12/YYYY	\$1,400,000	\$100,000	151	15%	\$6,205.48	5

1. Total premium with an October billing date is due to FCIC on October 31.
2. Total premium with an October billing date due to FCIC October 31 has increased by \$200,000. The premium should have been reported on the November report. The company is charged for two full month's interest on the December report.
3. Total premium with an October billing date due to FCIC October 31 has increased by \$100,000 during January. The premium should have been reported on the November report. The company is charged three full month's interest on the January report.
4. The total premium reported did not increase during the month.
5. Total premium with an October billing date due to FCIC October 31 has further increased during the month by another \$100,000. The premium should have been reported on the November report. The company is charged five month's interest.

FCIC SUMMARY REPORT (MONTHLY)  
(PREMIUM DUE WORK SHEET)  
REINSURANCE YEAR 2006

PDW  
(ARS4230)

RO XX  
SOME REINSURANCE COMPANY  
C/O INSURANCE COMPANY  
P.O. BOX 999  
YOUR CITY, ST 999999999 ID# 99-9999999  
CURRENT DATE: YYYY/MM/DD

CUTOFF DATE: YYYY/MM/DD

	(A)	(B)	(C)	(D)	(E)	(F)	(H)	
	INS'DS PREM DUE	PREM PAID BY CO.	PREM UNPAID (A-B)	PREV MONTH UNPAID	NBR DAYS INTEREST	INTEREST DUE (%) (D) (E)	TOTAL OF WORKSHEET (-B-F)	
MONTH								
JANUARY 2006			_____	_____	_____	_____	_____	
MARCH 2006	0	0	_____	_____	_____	_____	_____	
MAY 2006	_____	_____	_____	_____	_____	_____	_____	
JULY 2006	_____	_____	_____	_____	_____	_____	_____	
OCTOBER 2006	_____	_____	_____	_____	_____	_____	_____	
JANUARY 2007	_____	_____	_____	_____	_____	_____	_____	
TOTAL								
INTEREST DUE FCIC			_____					
FCIC DETERMINED OVER PAID			_____					

EXAMPLE:

PREMIUM DUE WORKSHEET - OCTOBER PREMIUM DEFERRED (EXAMPLE SHOWING FLOW THROUGH 4 OPERATIONS REPORTS)

REPORT DATE	PREMIUM PAYMENT DUE DATE	(A) INS'DS PREMIUM DUE	(B) PREM PAID BY CO.	(C) PREMIUM UNPAID (A-B)	(D) PREVIOUS MONTH UNPAID	(E) DAYS (365 DAY YEAR)	(F) INTEREST DUE (%*D*E)	(H) TOTAL OF WORKSHEET (-B-F)	NOTE REF
11/DD/YYYY	OCTOBER/YYYY	\$3,000,000	\$0	\$3,000,000	\$0	0	\$000	\$0.00	1
12/DD/YYYY	OCTOBER/YYYY	\$2,200,000	\$0	\$2,200,000	\$3,000,000	61	\$75,205.48	\$75,205.48	2
01/DD/YYYY	OCTOBER/YYYY	\$1,500,000	\$0	\$1,500,000	\$2,200,000	31	\$28,027.40	\$28,027.40	3
02/DD/YYYY	OCTOBER/YYYY	\$750,000	\$0	\$750,000	\$1,500,000	28	\$17,260.27	\$17,260.27	4

1. Premium with an October billing date is deferred. No interest is due on this report.
2. Interest is charged on the \$3,000,000 of premium deferred the previous month (Column D at an annual rate of 15% for the period 11/01/YYYY through 12/31/YYYY.
3. Interest is charged on the \$2,200,000 of premium deferred the previous month (Column D) at an annual rate of 15% for the period 01/01/YYYY through 01/31/YYYY.
4. Interest is charged on the \$1,500,000 of premium deferred the previous month (Column D) at an annual rate of 15% for the period 02/01/YYYY through 02/28/YYYY. Since this is the annual settlement report, all premium is due FCIC on this report even if it remains uncollected.

EXAMPLE:

PREMIUM DUE WORKSHEET - OCTOBER PREMIUM PAID BY COMPANY

REPORT DATE	PREMIUM PAYMENT DUE DATE	(A) INS'DS PREMIUM DUE	(B) PREM PAID BY CO.	(C) PREMIUM UNPAID (A-B)	(D) PREVIOUS MONTH UNPAID	(E) DAYS (365 DAY YEAR)	(F) INTEREST DUE (%*D*E)	(H) TOTAL OF WORKSHEET (-B-F)	NOTE REF
11/DD/YYYY	OCTOBER/YYYY	3,000,000	3,000,000	0	0	0	0	-3,000,000	1
12/DD/YYYY	OCTOBER/YYYY	-2,000,000	-2,000,000	0	0	0	0	+2,000,000	2
01/DD/YYYY	OCTOBER/YYYY	-500,000	-500,000	0	0	0	0	+500,000	3
02/DD/YYYY	OCTOBER/YYYY								4

1. PREMIUM WITH OCTOBER BILLING IS PAID BY COMPANY ON THE 11/DD/YYYY OPERATIONS REPORT.
2. COMPANY HAS MADE COLLECTIONS OF OCTOBER PREMIUM WHICH ARE REFLECTED IN THE APAIDS@ ON THE OPERATIONS REPORT. THIS RESULTS IN A NEGATIVE PREMIUM DUE (COLUMN A).
3. COMPANY HAS MADE ADDITIONAL COLLECTIONS OF OCTOBER PREMIUM.
4. FIRST ANNUAL OPERATIONS REPORT. All PREMIUM DUE EVEN IF NOT COLLECTED BY THE COMPANY. NO PREMIUM DUE WORKSHEET NECESSARY.

INSTRUCTION GUIDE FOR FUNDS TRANSFER  
DEPOSIT MESSAGES TO TREASURY

All Government agencies must provide specific information to their depositors so that a funds transfer deposit message can be transmitted to the Department of the Treasury (Treasury). Likewise, the depositors must communicate this information to the bank sending the funds transfer. The funds transfer deposit message format is included within this appendix. A narrative description of each field on the funds transfer deposit message follows:

<u>Field</u>	<u>Content</u>
1	RECEIVER-DFI# - The Treasury Department's ABA number for deposit-messages is 021030004. This number should be entered by the sending bank for all deposit messages sent to the Treasury.
2	TYPE-SUBTYPE-CD - The type and subtype code will be provided by the sending bank.
3	SENDER-DFI# - This number will be provided by the sending bank.
4	SENDER-REF# - The sixteen character reference number is inserted by the sending bank at its option.
5	AMOUNT - The transfer amount must be punctuated with commas and decimal point; use of the "\$" is optional. This item will be provided by the depositor.
6	SENDER-DFI-NAME - This information is automatically inserted by the Federal Reserve Bank.
7	RECEIVER-DFI-NAME - The Treasury Department's name for deposit messages is "TREAS NYC." This name should be entered by the sending bank.
8	PRODUCT CODE - A product code of "CTR" for customer transfer should be the first data in the RECEIVER-TEXT field. Other values may be entered, if appropriate, using the ABA's options. A slash must be entered after the product code.
9	AGENCY LOCATION CODE - THIS ITEM IS OF CRITICAL IMPORTANCE. IT MUST APPEAR ON THE FUNDS TRANSFER DEPOSIT MESSAGE IN THE PRECISE MANNER AS STATED TO ALLOW FOR THE AUTOMATED PROCESSING AND CLASSIFICATION OF THE FUNDS TRANSFER MESSAGE TO THE AGENCY LOCATION CODE OF THE APPROPRIATE AGENCY. The agency location code (ALC) refers to three-, four-, or eight-digit numeric symbols used to identify Government departments and agencies (e.g., accounting stations, disbursing and collecting offices). The agency's unique code must be specified in the funds transfer message in order for the funds to be correctly classified to the respective agency. The ALC identification sequence includes the beneficiary code field tag, BNF-, and identifier code, /AC-, followed by the appropriate ALC number. These three components must be in the following format:

BNF-/AC- <u>nnn</u>	-OR-	3-digit ALC
BNF-/AC- <u>nnnn</u>	-OR-	4-digit ALC
BNF-/AC- <u>nnnnnnnnn</u>		8-digit ALC

The ALC identification sequence can, if necessary, begin on one line and end on the next line; however, the field tag "BNF-" must be one line and cannot contain any spaces.

THIRD PARTY INFORMATION - The appropriate information to identify the reason for the funds transfer should be provided by the agency to the depositor. The originator to Beneficiary Information field tag "OBI-" is used to signify the beginning of the free-form third party text. The field tag "OBI-" must be on the same line and cannot contain any spaces. The field tag is placed following the ALC identification sequence and preceded by a space. An example of this data line using the 8-digit ALC would be as follows:

BNF-/AC-nnnnnnnnn OBI

It is important to note that the length of the third party text depends on how close you can place the ALC identification sequence (Field 9) to the PRODUCT CODE (Field 8). Under the Federal Reserve System's Structured Third Party Format, financial institutions have the ability to place additional information fields for their own use between field 8 and field 9. Agencies should instruct their depositors and financial institutions to limit the use of these additional fields, and attempt to adhere to the optimum format for fields 7, 8, 9, and 10. This format using an 8-digit ALC is as follows:

TREAS NYC/CTR/BNF-/AC-nnnnnnnnn OBI-

The optimum format, shown above will allow 219 character positions of information following the "OBI-" indicator. The information that is constant for all agencies is shown in the Funds Transfer Deposit Message Format within this appendix. This includes the RECEIVER-DFI# (FIELD 1), the RECEIVER-DFI-NAME (FIELD 7) and the PRODUCT CODE (FIELD 8). In addition to these constant fields, the agency must provide fields 9 and 10 to their depositors and the depositor must provide field 5 to the sending financial institution.

The depositor should inform the financial institution that sends the funds transfers to Treasury to use due care and ensure that all information is provided in the prescribed format. Failure to provide the information in the prescribed format may cause a delay in the notification of the funds transfer to the agency.

A sample of a funds transfer deposit message to Treasury is included within this appendix.

021030004 \_\_\_\_\_ (2)  
 \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5)  
 \_\_\_\_\_ (6)  
 / \_\_\_\_\_ (7) \_\_\_\_\_ (8)  
 TREAS  
 NYC/CTR/ \_\_\_\_\_  
 \_\_\_\_\_ (9)  
 BNF-/AC-nnnnnnnnn  
 OBI- \_\_\_\_\_  
 \_\_\_\_\_ (10)



ESCROW REGISTER  
 REINSURED COMPANY NAME  
 ESCROW ACCOUNT #99999  
 01/01/XXXX 08:00

Total Requested Amount	21,000.00
Previous Requested Amount	.00
Receivable Amount	.00
Payment Amount	21,000.00

State	Policy Issuing Company	Policy Number	Name	Claim Number	Requested Amount	Previous Amount	Payable Amount
02	500	123456	Producer 1	1111	1,000.00	0.00	1,000.00
02	500	234567	Producer 2	2222	2,000.00	0.00	2,000.00
02	500	345678	Producer 3	3333	3,000.00	0.00	3,000.00
02	500	456789	Producer 4	4444	4,000.00	0.00	4,000.00
02	500	678901	Producer 5	5555	5,000.00	0.00	5,000.00

Previous Y-T-D 1999 Total	74,000.00
Reinsurance Year 1999 Total	15,000.00
<b>Cumulative Y-T-D Total</b>	<b>89,000.00</b>

02	500	456789	Producer 6	6666	6,000.00	0.00	6,000.00
----	-----	--------	------------	------	----------	------	----------

Previous Y-T-D 2000 Total	10,000.00
Reinsurance Year 2000 Total	6,000.00
<b>Cumulative Y-T-D Total</b>	<b>16,000.00</b>

ESCROW REGISTER  
REINSURED COMPANY NAME  
ESCROW ACCOUNT #99999  
01/01/XXXX 08:00

Total Requested Amount	21,000.00
Previous Requested Amount	.00
Receivable Amount	.00
Payment Amount	21,000.00

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Previous Y-T-D Total	74,000.00
Reinsurance Year 1999 Total	15,000.00
<b>Cumulative Y-T-D Total</b>	<b>89,000.00</b>

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Previous Y-T-D Total	10,000.00
Reinsurance Year 2000 Total	6,000.00
Cumulative Y-T-D Total	16,000.00

FCIC LIVESTOCK DETAIL REPORT  
REINSURANCE YEAR - 2006  
MONTHLY

TAX ID#

CURRENT DATE/TIME: MM/DD/YYYY HH:MM:SS

CUTOFF DATE: MM/DD/YYYY

ST	CO	POLICY	CROP YR	NAME	PREMIUM	SUBSIDY	INDEMNITY
XX	999	999999	YYYY	DOE, J	6,613	3,637	0
XX	999	999999	YYYY	DOE, JO	13,092	7,725	0
XX	999	999999	YYYY	DOE, JON	3,394	2,002	0
XX	999	999999	YYYY	DOE, JOHN	8,626	5,089	0
XX	999	999999	YYYY	DOE, JESS	1,008	554	0
XX	999	999999	YYYY	DOE, SALLY	4,270	2,518	0
XX	999	999999	YYYY	DOE, JAN	1,762	1,040	0
XX	999	999999	YYYY	DOE, JANE	3,304	1,949	0
XX	999	999999	YYYY	DOE, JODY	2,664	1,572	0
XX	999	999999	YYYY	DOE, RICH	2,121	1,251	0
XX	999	999999	YYYY	DOE, JACK	707	417	0
XX	999	999999	YYYY	DOE, BOB	8,354	4,930	0
TOTAL					55,915	32,684	0

TAX ID#

CURRENT DATE/TIME: MM/DD/YYYY HH:MM:SS CUTOFF DATE: MM/DD/YYYY

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	PREMIUM	SUBSIDY	LOSSES
LIVESTOCK	XXX,XXX	XXX,XXX	XXX,XXX

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	DUE COMPANY	DUE FCIC
NET A & O SUBSIDY (24.5%)	XXX,XXX.XX	
COMPANY PREVIOUS PAYMENT	XXX,XXX.XX	
FCIC INTEREST PAID	XXX,XXX.XX	
LITIGATION EXPENSE	XXX,XXX.XX	
FCIC PREVIOUS PAYMENT		XXX,XXX.XX
FCIC INTEREST /PENALTY		XXX,XXX.XX
FCIC DET OVERPAID		XXX,XXX.XX
LIVESTOCK SETTLEMENT	XXX,XXX.XX	XXX,XXX.XX
BALANCE DUE COMPANY/FCIC	XXX,XXX.XX	XXX,XXX.XX

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CERTIFIED CORRECT

NAME	TITLE	DATE
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NOTE: ANY FALSE CERTIFICATION MADE TO THE CORPORATION MAY SUBJECT THE MAKER TO CRIMINAL AND CIVIL PENALTIES AS PROVIDED IN 18 U.S.C. 287, 1001; 31 U.S.C 3729 AND 3730

**LIVESTOCK SETTLEMENT REPORT  
REINSURANCE YEAR 2006**

TAX ID#

CURRENT DATE/TIME:            MM/DD/YYYY                      CUTOFF DATE:            MM/DD/YYYY

Fund	Retention %	Total Premium	Prod Prem	Subsidy	Loss	Loss Ratio	Gain/(Loss)
Commercial LRP		64,410	56,037	8,373	200,000	310.5%	
Commercial LGM		64,410	64,410	0	400,000	621.0%	
Private Market LRP		28,250	24,577	3,673	122,000	431.9%	
Private Market LGM		28,250	28,250	0	50,000	177.0%	
<b>Net Book Totals</b>		<b>185,320</b>	<b>173,274</b>	<b>12,046</b>	<b>772,000</b>	<b>416.6%</b>	
Commercial LRP	90%	57,969	50,433	7,536	180,000	310.5%	
Commercial LGM	90%	57,969	57,969	0	360,000	621.0%	
Private Market LRP	80%	22,600	19,662	2,938	97,600	431.9%	
Private Market LGM	80%	22,600	22,600	0	40,000	177.0%	
<b>Retained Totals</b>		<b>161,138</b>	<b>150,664</b>	<b>10,474</b>	<b>677,600</b>	<b>420.5%</b>	
Commercial LRP		57,969	50,433	7,536	96,258	166.1%	
Commercial LGM		57,969	57,969	0	107,243	185.0%	
Private Market LRP		22,600	19,662	2,938	97,600	431.9%	
Private Market LGM		22,600	22,600	0	40,000	177.0%	
<b>Company Share After Stop Loss</b>		<b>161,138</b>	<b>150,664</b>	<b>10,474</b>	<b>341,101</b>	<b>211.7%</b>	<b>(179,963)</b>
Commercial LRP		6,441	5,604	837	103,742	1610.7%	
Commercial LGM		6,441	6,441	0	292,757	4545.2%	
Private Market LRP		5,650	4,915	735	24,400	431.9%	
Private Market LGM		5,650	5,650	0	10,000	177.0%	
<b>Total 4 (FCIC Share)</b>		<b>24,182</b>	<b>22,610</b>	<b>1,572</b>	<b>430,899</b>	<b>1781.9%</b>	<b>(406,717)</b>
		<b>Due Company</b>		<b>Due FCIC</b>			
Subsidy		10,474					
Losses Due From FCIC		430,899					
Prem Due FCIC				22,610			
Reinsurance Prem Due FCIC				5,217			
<b>Subtotal</b>		<b>441,373</b>		<b>27,827</b>			
<b>Livestock Adjustment</b>		<b>413,546</b>		<b>0</b>			

**Table No. 1: CY 2006 Pilot Crops**

CROPS			PLAN		Comment
	Name	Code	Name	Code	
1	Alfalfa Seed	0107	APH	90	aka: Forage seed
2	All Other Citrus Trees	0211	TDO	40	Florida
3	Avocado	0019	ARC	46	California
4	Avocado	0019	APH	90	Florida
5	Avocado Trees	0212	TDO	40	Florida
6	Barley	0091	IP	42	
7	Cabbage	0072	GYC	86	
8	Carambola Trees	0213	TDO	40	Florida
9	Cherry	0057	FD	51	
10	Chili Pepper	0045	FD	51	
11	Clams	0116	AQDOL	43	
12	Corn	0041	IP	42	
13	Corn	0041	IIP	45	
14	Cotton	0021	IP	42	
15	Cultivated Wild Rice	0055	APH	90	
16	Fresh Market Beans	0105	DO	50	
17	Grain Sorghum	0051	IP	42	
18	Grapefruit Trees	0208	TDO	40	Florida
19	GRP Rangeland	0048	GRP	12	
20	Lemon Trees	0209	TDO	40	Florida
21	Lime Trees	0210	TDO	40	Florida
22	Mango Trees	0214	TDO	40	Florida
23	Mint	0074	APH	90	
24	Multiple Crops	----	AGR	63	But not AGR-Lite
25	Mustard	0069	APH	90	
26	Navel Oranges	0215	FD	51	California
27	Orange Trees	0207	TDO	40	Florida
29	Raspberry and Blackberry	0108	FD	51	Several other berries are 'types' in this policy.
30	Silage Sorghum	0059	IAPH	96	
31	Soybean	0081	IP	42	
32	Soybean	0081	IIP	45	
33	Strawberries	0110	FD	51	
34	Sweetpotatoes	0085	APHAR	92	
35	Wheat	0011	IP	42	

- Notes: 1. RMA will revise this list to reflect new or discontinued pilot programs.
2. Crop policies originally approved via the 508(h) mechanism are not considered pilots. Thus, CRC, RA, and GRIP are not considered pilots.
3. Crop policies that are not themselves pilots do not become pilots by the attachment of a pilot option. (See Table No.2 for a list of pilot options.)

**Table No. 2: CY 2006 Pilot Options**

Crops		Option		Comments
		Name	Code	
1	Apple	Quality, Fancy	QF	
2	Apple	Quality, Other	QP	
3	Multiple Crops	Coverage Enhancement	CE	Being phased out.
4	Onions	Stage Removal	NS	
5	Sugar Beets	Stage Removal	NS	