

ESCROW REGISTER DETAIL

AIP NAME

RO CODE

ACCOUNT # 12345

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

Total Requested Amount	999,999.99
Previous Requested Amount	999,999.99
Receivable Amount	999,999.99
Payment Amount	999,999.99

State	Company	Policy	Producer	Claim	Requested Amount	Previous	Payable
XX	999	9999999	LAST NAME, FIRST NAME	999	999,999.99	999,999.99	999,999.99
XX	999	9999999	LAST NAME, FIRST NAME	999	999,999.99	999,999.99	999,999.99

Previous Y-T-D Total	999,999.99
Reinsurance Year 2012 Total	999,999.99
Cumulative Y-T-D Total	999,999.99