

RO XX		FCIC DETAIL ACCOUNTING REPORT										ADR004	
		REINSURANCE YEAR - YYYY											
COMPANY NAME													
C/O Mga													
CURRENT DATE: MM/DD/YYYY HH.MM.SS				CUTOFF DATE: MM/DD/YYYY									
ST	CO	POLICY	CROP YR	PREMIUM	PAIDS	LOSS CR	SUBSIDY	CLEARED LOSSES	ADDT SUBSIDY	OVER PAID	OVER LOSS - CR		
XX	999	9999999	YYYY	999,999	999,999	999,999	999,999	99,999	99,999	9.99	9,999.99		
	999	9999999	YYYY	999,999	999,999	999,999	999,999	99,999	99,999	9.99	9,999.99		
*TOTAL STATE XX				9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	999,999	99.99	99,999.99		
XX	999	9999999	YYYY	999,999	999,999	999,999	999,999	99,999	99,999	9.99	9,999.99		
	999	9999999	YYYY	999,999	999,999	999,999	999,999	99,999	99,999	9.99	9,999.99		
*TOTAL STATE XX				9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	999,999	99.99	99,999.99		
XX	999	9999999	YYYY	999,999	999,999	999,999	999,999	99,999	99,999	9.99	9,999.99		
	999	9999999	YYYY	999,999	999,999	999,999	999,999	99,999	99,999	9.99	9,999.99		
*TOTAL STATE XX				9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	999,999	99.99	99,999.99		
TOTAL				99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	9,999,999	999.99	999,999.99		