

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	Issuing Compan y	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	