Report Name: CAT Coverage Fees (Excluding Buy-ups) Reinsured Company Detailed Report
Exhibit Number: 2-2

Reinsurance Year: 2018
Version: Approved
Release Date: 1/31/2018

CAT COVERAGE FEES (EXCLUDING BUY-UPS)
REINSURED COMPANY DETAILED REPORT
REINSURANCE YEAR - YYYY

CFE001

COMPANY NAME
C/O Mga Name
CURRENT DATE : MM/DD/YYYY HH.MM.SS CUTOFF DATE : MM/DD/YYYY

ID Number	ST	CO	POLICY NUMBER	CROP YEAR	LOC CNTY	CROP CODE	TYPE	CODE	A R	ADM FEE	PREMIUM	LOSSES	FEES AMOUNT	FEES COLLECTED	FEES WAIVED
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
			TOTAL								99,999,999	99,999,999	99,999,999	99,999,999	99,999,999