

RO XX FCIC ADJUSTMENT DETAIL REPORT REINSURANCE YEAR - YYYY (MONTHLY OR ANNUAL) ADJ001

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

CUTOFF DATE : MM/DD/YYYY

BATCH NUMBER	PIC	ST	POLICY NUMBER	CYR	CNTY CODE	CROP CODE	INS PLAN	COV	TYPE CODE	TOTAL PREMIUM	SUBSIDY	ADDITIONAL SUBSIDY	INDEMITY
9999	999	99	999999	YYYY	99	99	99	X	99	999,999	999,999	999,999	999,999
			999999	YYYY	99	99	99	X	99	999,999	999,999	999,999	999,999
			999999	YYYY	99	99	99	X	99	999,999	999,999	999,999	999,999
			999999	YYYY	99	99	99	X	99	999,999	999,999	999,999	999,999

\*TOTAL ERROR NUMBER 999,999,999 999,999,999 999,999,999 999,999,999  
 \*TOTAL RO XX 999,999,999 999,999,999 999,999,999 999,999,999

RO	COV	REIMBURSEMENT RATE	TOTAL PREMIUM	SUBSIDY	ADDITIONAL SUBSIDY	INDMENTITY
XX	X	99.9	999,999	999,999	999,999	999,999
*TOTAL RO XX			999,999,999	999,999,999	999,999,999	999,999,999