

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

Reinsurance Year: 2025
 Version: Approved
 Release Date: 6/27/2024

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	FEE AMOUNT	FEE COLLECTED	FEE WAIVED
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
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XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	XX	XXX	9999999	YYYY	XXX	9999	999	999	X		999,999	999,999	999	999	999
XXXXXXXXXX	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