

Report Name: Escrow Register Detail Report  
Exhibit Number: 8-1

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

## Escrow Register Detail

AIP Name XYZ Insurance Company  
AIP Code XX  
Account 1234567890  
RY 20XX  
Date XX/XX/XXXX

**Total Requested Amount** \$99,999.00  
**Previous Requested Amount** \$0.00  
**Payment Amount** \$99,999.00

Previous Y-T-D Total \$N/A  
Reinsurance Year Total \$99,999.00  
**Cumulative Y-T-D Total** \$99,999.00

State	Policy Issuing Company	Policy Number	Name	Claim Number	Requested Amount	Previous Amount	Payable Amount
10	999	999999	Sample Farms	1234	\$99,999.00	\$0.00	\$99,999.00