

RO XX
 XXXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID #99-999999

FCIC INSTALLMENT REPORT
 REINSURANCE YEAR 1998
 (MONTHLY)

INS001

CURRENT DATE: MM/DD/YY CUTOFF DATE: MM/DD/YY

	PREMIUM	PAID	LOSS-CR	SUBSIDY	LOSSES
RA	1,000	.00	0	109,517	0
GRP	218,189	.00	0	109,217	0
CRC	4,182,712	.00	0	1,308,262	0
NON-CAT -OTHER	39,374,777	.00	0	15,480,717	0
TOTAL NON CAT	43,776,678	.00	0	16,898,496	0

CAT	2,278,426			2,278,426	0
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	DUE COMPANY	DUE FCIC
ADMINISTRATIVE & OPERATING SUBSIDY		
(25%) -GRP	8,660,160.37	
(23.25%) -CRC		48,001.58
(27%) -RA	920,196.64	920,196.64
(27%) -OTHER		
TOTAL	999,999.99	

CAT LOSS ADJUSTMENT (4.7%)	4,358,013.00	102,413.31
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REDUCTION FOR LATE FILED ACREAGE		
-GRP		0.00
-CRC		0.00
-RA		0.00
-OTHER		0.00

SUB-TOTAL		9,999.99
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TOTAL DUE FCIC/COMPANY	9,999,999.99	0.00
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NET EXPENSE REIMBURSEMENT ADJUSTMENT	9,999,999.99	
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JUNE 1998

FCIC - M13

RO XX
XXXXXX INSURANCE COMPANY
P.O. BOX 999
CITY, STATE 999999999 ID # 99-999999
CURRENT DATE: MM/DD/YY CUTOFF DATE MM/DD/YY
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FCIC ADMINISTRATIVE FEE REPORT
REINSURANCE YEAR 1998

FEE001

	DUE COMPANY	DUE FCIC
WAIVED CAT FEES DUE COMPANY	.00	
LIMITED COVERAGE SUPPLEMENTAL REIMBURSEMENT TO MINIMUM	.00	
LESS CAT FEES DUE FCIC		6,450.00
LESS LIMITED COVERAGE FEES DUE FCIC		250.00
LESS LIMITED COVERAGE REIMB. REDUCE DUE TO FEES RETAINED		88,614.74
LESS ADDT'L COVERAGE FEES DUE FCIC		.00
LESS DUPLICATE COVERAGE FEES COLLECTED		.00
LESS FEES EXCEEDING MAXIMUM LIMITATION		.00
	<hr/>	<hr/>
TOTAL DEBITS/CREDITS	.00	95,314.74
NET ADMINISTRATIVE FEE ADJUSTMENT		999,999.99

RO XX
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P.O. BOX 999
CITY, STATE 99999999 ID # 99-999999
CURRENT DATE: MM/DD/YY

FCIC OPERATIONS REPORT
REINSURANCE YEAR 1998
ANNUAL SETTLEMENT

RCP001

CUTOFF DATE MM/DD/YY

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	PREMIUM	PAID	LOSS-CR	SUBSIDY	LOSSES
RA	1,000	.00	0	109,517	0
GRP	218,189	.00	0	109,217	0
CR	4,182,712	.00	0	1,308,262	0
NON-CAT -OTHER	39,374,777	.00	0	15,480,717	0
TOTAL NON-CAT	43,776,678	.00	0	16,898,496	0
CAT	82,278,426			32,278,426	0

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(L/R = .0000)

				DUE COMPANY	DUE FCIC
a. NET INSTALLMENT ADJUSTMENT				99,999,999.99	
b. EXCESS CAT LOSS ADJ. EXP.				.00	
c. PREMIUM COLLECTED	.00				.00
d. ESCROW & DRAFTS		.00	.00		.00
e. LOSS DEDUCTIONS (F,R,O)	0	0	0	.00	
f. STATE SUBSIDY				.00	
g. SUBSIDY				.00	
h. COMPANY PREVIOUS PAYMENT				.00	
i. FCIC INTEREST PAID				.00	
j. NET ADMINISTRATIVE FEE ADJUSTMENT					95,314.74
k. REDUCTIONS DUE TO RECON REPORT DIFFERENCES					.00
l. FCIC INTEREST/PENALTY					.00
m. LITIGATION EXPENSE					.00
n. FCIC DET. OVERPAID					.00
o. FCIC PREVIOUS PAYMENT					8,061,861.88
p. ESCROW FUNDED					349,190.00
q. PAID PREVIOUS WORKSHEETS					.00
r. UNDERWRITING GAIN/LOSS					.00
s. SUBTOTAL				1,224,405.28	999,999.00
t. TOTAL FROM CURRENT WORKSHEET					.00
u. BALANCE DUE COMPANY/FCIC				1,224,405.28	

ESCROW REIMBURSEMENT

v. PREVIOUS ESCROW FUNDED					349,190.00
w. LESS DRAFTS ISSUED (ESCROW)					.00 -
x. ESCROW BALANCE					349,190.00

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CERTIFIED CORRECT

NAME	TITLE	DATE
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NOTE: ANY FALSE CERTIFICATION MADE TO THE CORPORATION MAY SUBJECT THE MAKER TO CRIMINAL AND CIVIL PENALTIES AS PROVIDED IN 18 U.S.C. 287, 1001;31 U.S.C. 3729 AND 3730.

RO XX
 XXXXXX INSURANCE COMPANY
 C/O XXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID# 99-999999
 CURRENT DATE: MM/DD/YY

FCIC ACCOUNTING DETAIL REPORT (EXCLUDING CAT)
 REINSURANCE YEAR 1998
 MONTHLY

ADR001

CUTOFF DATE: MM/DD/YY

ST	CO	POL#	YR	NAME	(NOTES)	PREMIUM	PAID	LOSS-CR	SUBSIDY	CLEARED LOSSES
XX	999	999999	YY	DOE, JOHN	*L	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JOHN	*	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JOHN	*#	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JOHN	*	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JOHN	*L	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JOHN	*	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JANE	*L	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JANE	*	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JANE	*	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JANE	*L	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JANE	*	9,999	9,999	999	9,999	999
XX	999	999999	YY	DOE, JANE	*#	9,999	9,999	999	9,999	999
TOTAL						9,999	9,999	999	9,999	9,999

*** NOTES ***

- (*) - ASSIGNED RISK (V) - OVERPAID
- (E) - ESCROW
- (P) - PAYMENT CR MEMO
- (L) - POLICY EITHER INCLUDES OR IS LIMITED COVERAGE
- (#) - EXISTING POLICY WITH COVERAGE BELOW CATASTROPHIC COVERAGE

RO XX
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 C/O XXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID# 99-999999
 CURRENT DATE: MM/DD/YY

FCIC ACCOUNTING DETAIL REPORT (EXCLUDING CAT)
 REINSURANCE YEAR 1998
 STATE TOTALS

ADR002

CUTOFF DATE: MM/DD/YY

ST	PREMIUM	PAID	LOSS-CR	SUBSIDY	CLEARED LOSSES
CO	77,078	0.00	0	25,608	0
KS	69,303	0.00	0	22,345	0
NE	247,612	0.00	0	81,640	0
TX	2,894	0.00	0	1,207	0
TOTAL	396,887	0.00	0	130,800	0

JUNE 1998

FCIC - M13

RO XX
XXXXXX INSURANCE COMPANY
C/O XXXXX INSURANCE COMPANY
P.O. BOX 999
CITY, STATE 999999999 ID# 99-999999
CURRENT DATE: MM/DD/YY

FCIC DETAIL REPORT (EXCLUDING CAT)
REINSURANCE YEAR 1998
GRAND TOTALS

ADR003

CUTOFF DATE: MM/DD/YY

	PREMIUM	PAID	LOSS-CR	SUBSIDY	CLEARED LOSSES
RAISINS	4,771,780			1,849,846	
CITRUS	115,258			45,121	
AVOCADO					
OTHER	33,965,205			13,395,937	
TOTALS	38,852,243	167,779.38		15,290,904	
OVERPAIDS		167.00	0		
GRAND TOTALS LESS OVERPAIDS	38,852,243	167,612.38	0	15,290,904	0

PMEMO
MMEMO
PLCR

RAS SUMMARY LOAD
P/CR MEMO REJECT REPORT

RUN DATE: MM/DD/YY
POST DATE: YY/MM/DD

PAGE 1
PCR001

XX
SOME REINSURED COMPANY

<u>P/CR MEMO RO</u>	<u>P/CR MEMO LOC ST</u>	<u>P/CR MEMO CNO</u>	<u>P/CR MEMO POLICY NO</u>	<u>P/CR MEMO CROP YR</u>	<u>PAID</u>	<u>STATE SUBSIDY</u>	<u>PMEMO</u>	<u>SOURCE RO</u>	<u>SOURCE LOC ST</u>	<u>SOURCE CNO</u>	<u>SOURCE POLICY NO</u>	<u>SOURCE CROP YR</u>
XX	NE	900	003010	YY	0.00	0.00	817.00	XX	NE	900	013010	YY
	PA	900	000666	YY	0.00	0.00	1757.00	XX	PA	900	010666	YY
			001313	YY	0.00	0.00	1084.00	XX	PA	900	011313	YY
			001314	YY	0.00	0.00	84.00	XX	PA	900	011314	YY
			001941	YY	0.00	0.00	3336.00	XX	PA	900	011941	YY
			002713	YY	0.00	0.00	6.00	XX	PA	900	012713	YY
			002829	YY	0.00	0.00	171.00	XX	PA	900	012829	YY
			002893	YY	0.00	0.00	55.00	XX	PA	900	012893	YY
			002992	YY	0.00	0.00	2708.00	XX	PA	900	012992	YY
			003100	YY	0.00	0.00	3691.00	XX	PA	900	013100	YY
			003114	YY	0.00	0.00	2679.00	XX	PA	900	013114	YY
			003119	YY	0.00	0.00	769.00	XX	PA	900	013119	YY
			003120	YY	0.00	0.00	3877.00	XX	PA	900	013120	YY
			003123	YY	0.00	0.00	7369.00	XX	PA	900	013123	YY
			003305	YY	0.00	0.00	75.00	XX	PA	900	013305	YY
			003390	YY	0.00	0.00	316.00	XX	PA	900	013390	YY
			003447	YY	0.00	0.00	84.00	XX	PA	900	013447	YY
			003448	YY	0.00	0.00	1030.00	XX	PA	900	013448	YY
			003450	YY	0.00	0.00	85.00	XX	PA	900	013450	YY
			003525	YY	0.00	0.00	671.00	XX	PA	900	013525	YY
			003526	YY	0.00	0.00	299.00	XX	PA	900	013526	YY
			003668	YY	0.00	0.00	179.00	XX	PA	900	013668	YY
			003673	YY	0.00	0.00	282.00	XX	PA	900	013673	YY
			003692	YY	0.00	0.00	174.00	XX	PA	900	013692	YY
			003693	YY	0.00	0.00	94.00	XX	PA	900	013693	YY
			003696	YY	0.00	0.00	159.00	XX	PA	900	013696	YY
			003699	YY	0.00	0.00	94.00	XX	PA	900	013699	YY
			003700	YY	0.00	0.00	19.00	XX	PA	900	013700	YY
			003701	YY	0.00	0.00	94.00	XX	PA	900	013701	YY
TOTAL RO: XX					0.00	0.00	32058.00					

EXAMPLE 1:

LATE PAYMENTS

<u>REPORT DATE</u>	<u>REPORT DUE</u>	<u>AMOUNT RECEIVED</u>	<u>DAYS LATE</u>	<u>RATE</u>	<u>INTEREST AMOUNT</u>	<u>NOTE REF.</u>
05/08/YY	05/29/YY	\$100,000	4	15%	\$164.38	1
11/06/YY	11/30/YY	\$1,000,000	7	15%	\$2,876.71	2

1. Payment of the \$100,000 balance due FCIC on the 05/08/YY report, due on 05/29/YY, the last banking day of the month, is received on 06/02/YY.
2. Payment of the \$1,000,000 balance due FCIC on the 11/06/YY report, due on 11/30/YY, the last banking day in the month, is received on 12/07/YY.

EXAMPLE 2:

INTEREST ON OVERPAID INDEMNITIES/UNDERSTATED PREMIUM CASES IDENTIFIED THROUGH REVIEW

<u>DATE COMPANY NOTIFIED BY DATE OF REPORT DATE OF FINAL APPEAL DETERMINATION LETTER</u>	<u>OVERPAYMENT AMOUNT</u>	<u>DATE OF APPEAL</u>	<u>WITH CORRECTED DETERMINATION LETTER</u>	<u>INDEMNITY OVERPAYMENT</u>	<u>DAYS</u>	<u>INTEREST RATE</u>	<u>INTEREST DUE</u>	<u>NOTE REF</u>
01/20/YY	\$10,000	N/A	N/A	02/12/YY	26	15%	0.00	1
01/20/YY	\$15,000	N/A	N/A	04/09/YY	100	15%	\$616.44	2
01/20/YY	\$20,000	02/15/YY	11/15/YY	12/15/YY	345	15%	\$2,835.62	3

1. The Company is notified of an overpayment in a Final Determination letter dated January 20, 19YY. The February 9, 19YY report containing the correction was filed timely. Since the report was corrected within 30 days, interest does not attach.
2. The Company is notified of an overpayment amount in a final determination letter dated January 20, 19YY. The amount is to be corrected on the February 9, 19YY report. No appeal is filed. No corrections are made until the April 9, 19YY report. Interest is calculated starting with the day after the final determination letter which is January 21, 19YY through the due date of the certified report containing the corrections is submitted, which is April 30, 19YY.
3. Interest begins accruing based on the date of the Final Determination letter. Appeals have no affect on delaying the interest computation date. In this example, the company is notified of an overpayment in a Final Determination letter dated January 20, 19YY. The company files an appeal on February 15, 19YY. The appeal is heard and FCIC receives a favorable decision. Had the company received a favorable decision, no interest is due. The Company is notified by an Appeal Determination letter on December 15, 19YY of the amount due FCIC. Interest is calculated starting with the day after the Final Determination letter, which is January 21, 19YY through the due date of the certified report containing the correction is submitted, which is December 31, 19YY.

RO XX
 XXXXXX INSURANCE COMPANY
 C/O XXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID# 99-999999
 CURRENT DATE: MM/DD/YY

CAT COVERAGE \$50 FEES (EXCLUDING BUY-UPS)
 REINSURED COMPANY DETAIL REPORT
 REINSURANCE YEAR 1998
 MONTHLY
 CUTOFF DATE: MM/DD/YY

CFE001

ID_NUMBER	ST	CO	POL#	YR	LOC CTY	CROP CODE	CROP TYPE	A R	ADMIN FEE	PREMIUM	LOSSES	FEES RETAINED	FEES DUE FCIC	FEES WAIVED DUE CO.	FEES WAIVED FCIC
999999999	XX	999	999999	YY	001	011	001	*	F	250	-0-	50	-0-	-0-	-0-
				YY	001	021	001		F	250	-0-	50	-0-	-0-	-0-
				YY	001	041	001		F	250	-0-	-0-	50	-0-	-0-
				YY	001	051	001		F	250	-0-	-0-	50	-0-	-0-
				YY	001	081	001		F	250	-0-	-0-	-0-	-0-	-0-
				YY	001	091	001		F	250	-0-	-0-	-0-	-0-	-0-
999999999	XX	999	999999	YY	001	011	001		F	100	-0-	50	-0-	-0-	-0-
				YY	001	041	001		F	100	-0-	50	-0-	-0-	-0-
				YY	001	051	001		F	100	-0-	-0-	50	-0-	-0-
				YY	001	081	001	*	F	100	-0-	-0-	50	-0-	-0-
				YY	001	091	001		F	100	-0-	-0-	-0-	-0-	-0-
999999999	XX	999	999999	YY	001	011	001		F	227	-0-	50	-0-	-0-	-0-
				YY	001	041	001		F	227	-0-	50	-0-	-0-	-0-
999999999	XX	999	999999	YY	001	011	001		W	500	-0-	-0-	-0-	50	-0-
				YY	001	041	001		W	500	-0-	-0-	-0-	50	-0-
				YY	001	081	001		W	500	-0-	-0-	-0-	-0-	50
999999999	XX	999	999999	YY	001	011	001	*	W	100	-0-	-0-	-0-	50	-0-
				YY	001	041	001		W	100	-0-	-0-	-0-	50	-0-
GRAND TOTAL XX										4,154	-0-	300	200	200	50
RAISINS										-0-	-0-				
CITRUS (AZ, CA, TX)										-0-	-0-				
AVOCADOS										-0-	-0-				
OTHER										4,154	-0-				

*** NOTES***

(*) - ASSIGNED RISK/(E) - ESCROW

THE "FEES RETAINED" REFLECTS THE AMOUNT RETAINABLE BY THE REINSURED COMPANIES WITHIN THE MAXIMUM LIMIT OF \$100 PER COUNTY.
 THE "FEES DUE FCIC" REFLECTS THE AMOUNT OF ADMINISTRATIVE FEES COLLECTED FROM THE INSURED THAT EXCEED THE AMOUNT RETAINABLE BY THE REINSURED COMPANY.
 THE "WAIVED FEES DUE COMPANY" REFLECTS THE 1ST AND 2ND WAIVED FEES PER COUNTY DUE TO COMPANY. TOTAL WILL BE ADDED TO THE FCIC OPERATIONS INSTALLMENT REPORT.
 THE "FEES WAIVED FCIC" REFLECTS THE 3RD AND 4TH WAIVED FEES PER COUNTY FOR WHICH FCIC IS UNCOMPENSATED.
 THIS REPORT EXCLUDES ALL REFUNDED/REVERSED FEES
 "FC" CROP POLICIES WILL APPEAR ON REPORT UPON RECEIPT OF TYPE 14 RECORD; "VC" WILL APPEAR AT ACREAGE REPORTING DATE.

RO XX
 XXXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID# 99-999999
 CURRENT DATE: MM/DD/YY

CAT COVERAGE \$50 FEES (EXCLUDING BUY-UPS)
 REINSURED COMPANY DETAIL REPORT
 REINSURANCE YEAR 1998

CFE002

CUTOFF DATE: MM/DD/YY

<u>ST</u>	<u>PREMIUM</u>	<u>LOSSES</u>	<u>FEES RETAINED</u>	<u>FEE DUES FCIC</u>	<u>FEE WAIVED DUE CO.</u>	<u>FEE WAIVED FCIC</u>
AL	97,973		6,350	50	800	300
AR	766,621		35,700	600	750	250
AZ	6,278		1,150	0	0	0
CA	1,417,706		42,900	2,700	100	200
CO	1,042,657		68,950	0	350	0
CT	4,040		50	0	0	0
DE	9,732		300	0	0	0
FL	2,787,990		30,250	1,300	0	0
GA	99,288		13,500	600	50	0
IA	506		300	0	0	0
ID	22,714		4,800	150	0	0
IL	106,843		34,050	200	800	450
IN	19,288		9,800	50	100	50
KS	1,115,889		180,100	0	2,100	1,600
KY	81,832		9,600	0	1,000	250
LA	57,674		3,700	100	0	0
MA	107,293		2,800	0	0	0
MD	131,040		17,750	0	100	50
ME	0		50	0	0	0
MI	16,012		5,700	200	450	400
MN	1,893		900	0	0	0
MO	466,378		81,450	300	1,650	1,250
MS	47,328		4,000	200	0	0
MT	144,275		21,350	0	100	0
NC	600,089		32,600	0	200	100
ND	3,110		1,350	0	0	0
NE	160,350		27,300	0	1,150	450
NJ	19,557		50	0	0	0
NM	235,521		9,900	0	0	0
NY	57,754		5,700	200	100	150
OH	20,716		12,900	300	450	100
OK	227,635		29,900	50	100	0
OR	118,883		6,450	0	150	0
PA	47,171		6,900	0	100	100
SC	159,652		8,000	1,250	0	0
RAISINS	305,204					
CITRUS	343,566					
AVOCADOS	0					
OTHER	11,666,278					
TOTAL	12,315,048	0	842,350	9,500	13,600	6,750

RO XX
 XXXXXX INSURANCE COMPANY
 C/O XXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID# 99-999999
 CURRENT DATE: MM/DD/YY

LIMITED COVERAGE \$50 FEES (LIMITED BUY-UPS)
 REINSURED COMPANY DETAIL REPORT
 REINSURANCE YEAR 1998
 MONTHLY

LFE001

CUTOFF DATE: MM/DD/YY

ID-NUMBER	ST	CO	POL#	YR	LOC CTY	CROP CODE	CROP TYPE	ADMIN FEE	PREMIUM	FEES RETAINED	FEES DUE FCIC	FEES WAIVED	ACTUAL REIMB. (22%)	SUPPL. FEES TO \$50	FEE REDUCED AMOUNT
999999999	XX	999	999999	YY	001	011	001	F	250	50	0	0	55	0	50
				YY	001	021	001	F	250	50	0	0	55	0	50
				YY	001	041	001	F	250	0	50	0	55	0	0
				YY	001	051	001	F	250	0	50	0	55	0	0
				YY	001	081	001	M	250	0	0	0	55	0	0
				YY	001	091	001	M	250	0	0	0	55	0	0
999999999	XX	999	999999	YY	001	011	001	F	100	50	0	0	22	0	22
				YY	001	041	001	F	100	50	0	0	22	0	22
				YY	001	051	001	F	100	0	50	0	22	28	0
				YY	001	181	001	F	100	0	50	0	22	28	0
				YY	001	191	001	F	100	0	50	0	22	28	0
999999999	XX	99	999999	YY	001	011	001	F	227	50	0	0	50	0	50
				YY	001	041	001	F	227	50	0	0	50	0	50
999999999	XX	99	999999	YY	001	011	001	W	500	0	0	50	110	0	0
				YY	001	041	001	W	500	0	0	50	110	0	0
				YY	001	081	001	W	500	0	0	50	110	0	0
999999999	XX	99	999999	YY	001	011	001	W	100	0	0	50	22	28	0
				YY	001	041	001	W	100	0	0	50	22	28	0
COMPANY TOTALS									4,154	300	250	250	914	140	244

THE "FEES RETAINED" REFLECTS THE AMOUNT RETAINABLE BY THE REINSURED COMPANIES WITHIN THE MAXIMUM LIMIT OF \$100 PER COUNTY.
 THE "FEES DUE FCIC" REFLECTS THE AMOUNT OF ADMINISTRATIVE FEES COLLECTED FROM THE INSURED THAT EXCEED THE AMOUNT RETAINABLE BY THE REINSURED COMPANY.
 TOTAL WILL BE DEDUCTED ON THE FCIC OPERATIONS REPORT.
 THE "SUPPL. REIMB. TO \$50 MINIMUM" REFLECTS THE DIFFERENCE DUE THE REINSURED COMPANY TO ENSURE PAYMENT OF MINIMUM \$50 ADMINISTRATIVE REIMBURSEMENT PER CROP
 (E.G., FEES EARNED LESS REIMBURSEMENT IF LESS THAN \$50). TOTAL WILL BE ADDED ON THE FCIC OPERATIONS REPORT.
 THE "REDUCTION DUE TO FEES RETAINED REFLECTS THE AMOUNT BY WHICH THE SUM OF THE FEES RETAINED AND THE PROJECTED APPROPRIATE REIMBURSEMENT INSTALLMENT
 WOULD EXCEED THE ALLOWABLE REIMBURSEMENT INSTALLMENT. TOTAL WILL BE DEDUCTED ON THE FCIC OPERATIONS INSTALLMENT REPORT.

CROP POLICIES WILL APPEAR ON THIS REPORT AT THE EARLIEST OF THE FOLLOWING: 1) RECEIPT OF FIRST PRODUCER PAID OR LOSS CREDIT RECORD FOR THE POLICY; OR 2) BILLING
 DATE FOR THE CROP POLICY.

RO XX
 XXXXXX INSURANCE COMPANY
 C/O XXXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID# 99-999999
 CURRENT DATE: MM/DD/YY

LIMITED COVERAGE \$50 FEES (LIMITED BUY-UPS)
 REINSURED COMPANY DETAIL REPORT
 REINSURANCE YEAR 1998
 MONTHLY

LFE002

CUTOFF DATE: MM/DD/YY

ST	PREMIUM	FEE RETAINED	FEE DUE FCIC	FEE WAIVED	1ST ACTUAL REIMB. (22%)	SUPPL. FEE TO \$50	FEE REDUCED AMOUNT
CO	12,768	500	0	0	3,388.41		500.00
FL	19,490	200	0	0	5,262.30		200.00
GA	2,084	100	0	0	562.68		100.00
KS	9,397	450	0	0	2,509.55		419.12
KY	8,323	50	0	0	2,247.21		50.00
LA	1,628	100	0	0	439.56		100.00
MI	285	50	0	0	76.95		50.00
MN	402	50	0	0	108.54		50.00
MO	1,015	150	0	0	274.05		101.03
MS	962	50	0	0	259.74		50.00
NC	1,184	100	0	0	319.68		71.87
ND	1,700	150	0	0	459.00		120.79
NE	5,855	250	0	0	1,448.85		250.00
NM	6,049	200	0	0	1,571.40		200.00
NY	1,079	50	0	0	291.33		50.00
OH	330	100	0	0	89.10		89.10
OK	661	200	0	0	178.47		154.81
OR	131	50	0	0	35.37		35.37
SD	13,222	400	0	0	3,569.94		390.72
TN	1,798	50	0	0	485.46		50.00
TX	8,817	850	0	0	2,357.00		823.17
UT	708	50	0	0	191.16		50.00
VA	2,972	350	0	0	802.44		330.73
WI	1,079	150	0	0	291.33		148.06
TOTAL	101,939	4,650	0	0	27,219.52	0.00	4,384.77

JUNE 1998

FCIC - M13

RO XX
XXXXXX INSURANCE COMPANY
C/O XXXXX INSURANCE COMPANY
P.O. BOX 999
CITY, STATE 999999999 ID# 99-999999

ADDITIONAL COVERAGE \$10 ADMINISTRATIVE FEE SUMMARY REPORT

ACA001

REINSURANCE YEAR 1998

CURRENT DATE: MM/DD/YY

CUTOFF DATE: MM/DD/YY

ST	1998 JAN	1998 MAR	1998 APR	1998 MAY	1998 JUN	1998 JUL	1998 SEP	1998 OCT	1998 NOV	1998 DEC	1999 JAN	1999 MAR	TOTAL
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	99,999
XX	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	99,999
TOTAL	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	9,999	99,999

THE TOTAL FEES DUE FCIC WILL BE CARRIED TO THE SUPPLEMENTAL OPERATIONS INSTALLMENT REPORT.

THIS REPORT EXCLUDES ALL ZERO ACREAGE CROPS.

RO XX
 XXXXXX INSURANCE COMPANY
 C/O XXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID# 99-999999
 CURRENT DATE: MM/DD/YY

FCIC REINSURANCE RUN
 REINSURANCE YEAR 1998

FR7YY40M

CUTOFF DATE: MM/DD/YY

STATE/COUNTY/CROP	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
AL KING	GROSS	99.9	99,999,999	999,999	99,999	9.9
	CAT ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	GRP ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	ASSIGNED RISK	9.9	999,999,999	999,999	99,999	9.9
	DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	COMMERCIAL	9.9	9,999,999	99,999	9,999	.9
	SUBTOTAL 1		999,999,999	999,999	99,999	9.9
MT LARAMIE	GROSS	99.9	999,999,999	999,999	99,999	9.9
	CAT ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	GRP ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	ASSIGNED RISK	9.9	999,999,999	999,999	99,999	9.9
	DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	COMMERCIAL	9.9	9,999,999	99,999	9,999	.9
	SUBTOTAL 1		999,999,999	99,999	99,999	9.9

(CONTINUED)

RO XX
 XXXXXX INSURANCE COMPANY
 C/O XXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID# 99-999999
 CURRENT DATE: MM/DD/YY CUTOFF DATE: MM/DD/YY

(CONTINUED)

FR7YY40M

FCIC REINSURANCE RUN
 REINSURANCE YEAR 1998

STATE/COUNTY/CROP	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
RO RECAP	GROSS	99.9	99,999,999	999,999	99,999	9.9
	CAT ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	GRP ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	ASSIGNED RISK	9.9	999,999,999	999,999	99,999	9.9
	DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	COMMERCIAL	9.9	9,999,999	99,999	9,999	.9
	SUBTOTAL 1		999,999,999	999,999	99,999	9.9
	REV. CAT ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	REV. CAT DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	REV. CAT COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	REV. GRP ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	REVISED ASSIGNED RISK	.9	999,999,999	999,999	99,999	9.9
	REVISED DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	REVISED COMMERCIAL	9.9	9,999,999	99,999	9,999	.9
	REVISED SUBTOTAL 1		999,999,999	99,999	99,999	9.9
	RET. CAT ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	RET. CAT DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	RET. CAT COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	RET. GRP ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	RET. ASSIGNED RISK	9.9	999,999,999	999,999	99,999	9.9
	RET. DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	RET. COMMERCIAL	9.9	9,999,999	99,999	9,999	.9
	RETAINED SUBTOTAL 2		999,999,999	999,999	99,999	9.9

(CONTINUED)

(CONTINUED)

FR7YY40M

RO XX
 XXXXXX INSURANCE COMPANY
 C/0 XXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID# 99-999999
 CURRENT DATE: MM/DD/YY

FCIC REINSURANCE RUN
 REINSURANCE YEAR 1998

CUTOFF DATE: MM/DD/YY

STATE/COUNTY/CROP	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
RO RECAP	ASSIGNED RISK	9.9	999,999,999	999,999	99,999	9.9
	DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	COMMERCIAL	9.9	9,999,999	99,999	9,999	.9
	RETAINED SUBTOTAL 3		999,999,999	999,999	99,999	9.9
	ASSIGNED RISK STOP LOSS			999,999,999	999,999	
	DEVELOPMENTAL STOP LOSS				9,999,999	9 9 , 9 9 9
	COMMERCIAL STOP LOSS			9,999,999	99,999	
	SUBTOTAL 4			999,999,999	999,999	
	ASSIGNED RISK GAIN/LOSS			999,999,999		
	DEVELOPMENTAL GAIN/LOSS			9,999,999		
	COMMERCIAL GAIN/LOSS			999,999		
	GROSS GAIN/LOSS			999,999,999		
	LESS RESERVES FOR LOSSES			9,999,999		
	GAIN/LOSS AFTER CAP			999,999		
	LOSS RESERVE APPLIED			9,999		
	GAIN/LOSS AFTER RESERVE			999,999		
	RESERVE FOR LOSSES			999,999		
	RESERVE FOR LOSSES APPLIED			9		
	RESERVE FOR LOSSES BALANCE			999,999		

JUNE 1998

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RO XX MONTHLY RECONCILIATION REDUCTION WORKSHEET
REINSURANCE YEAR YY
MONTHLY

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MM/DD/YY MONTHLY PROCESSING DATE: MM/DD/YY

PREMIUM:	MISSING PREMIUM	2,222.22
	PREMIUM DISCREPANCIES (GRP)	.00
	PREMIUM DISCREPANCIES (NON-GRP)	3,333.33
	TOTAL PREMIUM REDUCTION	5,555.55
PAIDS:	PAID DISCREPANCIES	1,111.11
	TOTAL PAIDS REDUCTION	1,111.11
LOSS CR:	MISSING LOSS CREDITS	.00
	LOSS CREDIT DISCREPANCIES	2,222.22
	TOTAL LOSS CREDITS REDUCTION	2,222.22
LOSSES:	MISSING LOSSES	4,444.44
	LOSS DISCREPANCIES	5,555.55
	TOTAL LOSS REDUCTION	9,999.99
	TOTAL RECONCILIATION REDUCTION	18,888.87
NON-CAT SUBSIDY FACTOR	.38110441	

RO XX MONTHLY RECONCILIATION REDUCTION WORKSHEET
 REINSURANCE YEAR YY
 ANNUAL SETTLEMENT

MM/DD/YY MONTHLY PROCESSING DATE: MM/DD/YY

PREMIUM:	MISSING PREMIUM	2,222.22
	MISSING PREMIUM - INPUT NOT ON SUMMARY	1,111.11
	PREMIUM DISCREPANCIES (GRP)	.00
	PREMIUM DISCREPANCIES (NON-GRP)	3,333.33
	TOTAL PREMIUM REDUCTION	6,666.66
LOSS CR:	MISSING LOSS CREDITS	.00
	LOSS CREDIT DISCREPANCIES	2,222.22
	TOTAL LOSS CREDITS REDUCTION	2,222.22
LOSSES:	MISSING LOSSES	4,444.44
	LOSS DISCREPANCIES	5,555.55
	TOTAL LOSS REDUCTION	9,999.99
	TOTAL RECONCILIATION REDUCTION	18,888.87
NON-CAT SUBSIDY FACTOR	.38110441	

JUNE 1998

FCIC - M13

MONTHLY RECONCILIATION
MISSING POLICIES - PREMIUM

PAGE: 1
FR70039T-2

RO XX

MM/DD/YY MONTHLY PROCESSING DATE: MM/DD/YY

<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>PREMIUM</u>	<u>PREMIUM</u>	<u>PREMIUM</u>	NON-CAT	<u>PREMIUM</u>
XX	XX	999	999999	YY	<u>DATABASE</u>	<u>COMPANY</u>	<u>DIFFERENCE</u>		<u>DIFFERENCE</u>
					999999		999999		0
*TOTAL RPT_ORGAN XX					999999		999999		0

RO XX

MONTHLY RECONCILIATION
MISSING PREMIUM - INPUT NOT ON SUMMARY

MM/DD/YY	MONTHLY PROCESSING DATE: MM/DD/YY					NON-CAT		CAT
<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>PREMIUM</u>	<u>PREMIUM</u>	<u>PREMIUM</u>	
XX	XX	999	999999	YY	<u>DATABASE</u>	<u>COMPANY</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
					999999	999999	999999	0
*TOTAL RPT_ORGAN XX					999999	999999		0

RO XX

MONTHLY RECONCILIATION
DISCREPANCIES OF PREMIUM

PAGE: 1
FR70039T-4

MM/DD/YY	MONTHLY PROCESSING DATE: MM/DD/YY				CROP	COV	PREMIUM	PREMIUM	PREMIUM	PREMIUM	PREMIUM
<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>CODE</u>	<u>FLAG</u>	<u>DATABASE</u>	<u>COMPANY</u>	<u>DIFFERENCE</u>	<u>COMPARE (+)</u>	<u>COMPARE (-)</u>
XX	XX	999	999999	YY	011	N	949	950	-1		-1
	XX	999	999999	YY	051	N	13,949	13,950	-1		-1
	XX	999	999999	YY	041	N	781	636	145	145	
			999999	YY	075	N	482	356	126	126	
			999999	YY	081	N	797	488	309	309	
	XX	999	999999	YY	011	N	10,931	10,659	272	272	
		999	999999	YY	041	N	7,828	7,791	37	37	
	XX	999	999999	YY	011	C	2,100	2,422	-322		-322
*TOTAL RPT_ORGAN XX							37,817	37,252	565	889	-324

RO XX

MONTHLY RECONCILIATION
MISSING LOSSES BY POLICY

MM/DD/YY	MONTHLY PROCESSING DATE: MM/DD/YY				LOSSES	LOSSES	LOSSES
<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>DATABASE</u>	<u>COMPANY</u>	<u>DIFFERENCE</u>
XX	XX	999	999999	YY	17		17
	XX	999	999999	YY	110		110
	XX	999	999999	YY	625		625
			999999	YY	1,863		1863
*TOTAL RPT_ORGAN XX					2,615		2,615

JUNE 1998

FCIC - M13

RO XX

MONTHLY RECONCILIATION
MISSING LOSSES - INPUT NOT ON SUMMARY

PAGE: 1
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MM/DD/YY MONTHLY PROCESSING DATE: MM/DD/YY

<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>LOSSES</u> <u>DATABASE</u>	<u>LOSSES</u> <u>COMPANY</u>	<u>LOSSES</u> <u>DIFFERENCE</u>
XX	06	999	999999	YY		6,059	-6,059
	46	999	999999	YY		2,014	-2,014
	47	999	999999	YY		15,951	-15,951
*TOTAL RPT_ORGAN XX						24,024	-24,024

RO XX

MONTHLY RECONCILIATION
DISCREPANCIES OF LOSSES BY POLICY

MM/DD/YY MONTHLY PROCESSING DATE: MM/DD/YY

<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>LOSSES DATABASE</u>	<u>LOSSES COMPANY</u>	<u>LOSSES DIFFERENCE</u>	<u>LOSSES COMPARE (+)</u>	<u>LOSSES COMPARE (-)</u>
XX	XX	999	999999	YY	78	122	-44		-44
	XX	999	999999	YY	4,395	4,922	-527		-527
	XX	999	999999	YY	2,325	1,200	1,125	1,125	
*TOTAL RPT_ORGAN XX					6,798	6,244	554	1,125	-571

JUNE 1998

FCIC - M13

RO XX

MONTHLY RECONCILIATION
MISSING PAIDS BY POLICY

PAGE: 1
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MM/DD/YY MONTHLY PROCESSING DATE: MM/DD/YY

<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>PAID DATABASE</u>	<u>PAID COMPANY</u>	<u>PAID DIFFERENCE</u>
XX	XX	999	999999	YY	245		245
*TOTAL RPT_ORGAN XX					245		245

RO XX

MONTHLY RECONCILIATION
MISSING PAIDS - INPUT NOT ON SUMMARY

PAGE: 1
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MM/DD/YY	MONTHLY PROCESSING DATE: MM/DD/YY				PAID	PAID	PAID
<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>DATABASE</u>	<u>COMPANY</u>	<u>DIFFERENCE</u>
XX	XX	999	999999	YY		1,076	-1,076
	XX	999	999999	YY		67	-67
	XX		999999	YY		528	-528
	XX		999999	YY		439	-439
			999999	YY		570	-570
	XX		999999	YY		208	-208
	XX		999999	YY		1,747	-1,747
			999999	YY		639	-639
*TOTAL RPT_ORGAN XX						5,274	-5,274

RO XX

MONTHLY RECONCILIATION
DISCREPANCIES OF PAIDS BY POLICY

MM/DD/YY	MONTHLY PROCESSING DATE: MM/DD/YY				PAID	PAID	PAID	PAID	PAID
<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>DATABASE</u>	<u>COMPANY</u>	<u>DIFFERENCE</u>	<u>COMPARE (+)</u>	<u>COMPARE (-)</u>
XX	XX	999	999999	YY	4,658	4,798	-140		-140
			999999	YY	9,484	9,485	-1		-1
			999999	YY	24,732	24,733	-1		-1
			999999	YY	5,668	5,879	-211		-211
			999999	YY	757	758	-1		-1
			999999	YY	1,279	1,280	-1		-1
			999999	YY	11,916	11,913		3	
			999999	YY	2,306	2,307	-1		-1
			999999	YY	3,496	3,497	-1		-1
*TOTAL RPT_ORGAN XX					64,296	64,650	-354	3	-357

RO XX

MONTHLY RECONCILIATION
MISSING LOSS-CREDITS BY POLICY

PAGE: 1
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MM/DD/YY	MONTHLY PROCESSING DATE: MM/DD/YY				LOSS CREDITS	LOSS CREDITS	LOSS CREDITS
<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>DATABASE</u>	<u>COMPANY</u>	<u>DIFFERENCE</u>
XX	XX	999	999999	YY	460		460
	XX	999	999999	YY	188		188
	XX	999	999999	YY	1		1
	XX	999	999999	YY	46		46
			999999	YY	494		494
*TOTAL RPT_ORGAN XX					1,189		1,189

JUNE 1998

FCIC - M13

RO XX

MONTHLY RECONCILIATION
MISSING LOSS-CREDITS - INPUT NOT ON SUMMARY

PAGE: 1
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MM/DD/YY	MONTHLY PROCESSING DATE: MM/DD/YY				LOSS CREDITS	LOSS CREDITS	LOSS CREDITS
<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>DATABASE</u>	<u>COMPANY</u>	<u>DIFFERENCE</u>
XX	XX	999	999999	YY		4,347	-4,347
	XX	999	999999	YY		431	-431
	XX	999	999999	YY		1,425	-1,425
*TOTAL RPT_ORGAN XX						6,203	-6,203

RO XX

MONTHLY RECONCILIATION
DISCREPANCIES OF LOSS-CREDITS BY POLICY

PAGE: 1
FR70039T-17

MM/DD/YY MONTHLY PROCESSING DATE: MM/DD/YY

<u>RO</u>	<u>ST</u>	<u>CO</u>	<u>POLICY</u>	<u>YR</u>	<u>LOSS CREDITS DATABASE</u>	<u>LOSS CREDITS COMPANY</u>	<u>LOSS CREDITS DIFFERENCE</u>	<u>LOSS CREDITS COMPARE (+)</u>	<u>LOSS CREDITS COMPARE (-)</u>
XX	XX	999	999999	YY	1,964	982	982	982	
		999	999999	YY	1,750	1,555	195	195	
	XX	999	999999	YY	1,520	3,040	-1,520		-1,520
*TOTAL RPT_ORGAN XX					5,234	5,577	343	1,177	-1,520

JUNE 1998

FCIC - M13

RO XX
XXXXXX INSURANCE COMPANY
P.O. BOX 999
CITY, STATE 999999999 ID # 99-999999
CURRENT DATE: MM/DD/YY
MONTHLY PROCESSING DATE: MM/DD/YY

MONTHLY RECONCILIATION
FEES EXCEEDING LIMITATION REPORT
ACROSS DELIVERY SYSTEMS

PAGE: 1
FEL001

SSN	LOC ST	LOC CTY	TRANS. DATE	TRANS. TIME	R0	ADM. ST	ADM. CTY	CROP CODE	COV TYPE	COV POLICY	ADM. FEE	ENT. TYP	HIGH RISK	NAME	YR	FEES COLLECTED	EXCESS FEES (COUNTY LIMIT.)	EXCESS FEES (PROD. LIMIT.)			
																			CO/		
XXXXXXXXXX	XX	001	1/1/YY	06.00.00	XX	99	001	011	998	999999	L	F	I	0	DOE, JOHN	YY	50	-0	0		
			1/1/YY	06.00.00	ZZ	99	001	021	998	999999	L	F	I	0	DOE, JOHN	YY	50	-0	0		
			2/1/YY	06.00.00	XX	99	001	031	998	999999	C	F	I	0	DOE, JOHN	YY	50	-0	0		
			2/1/YY	06.00.00	XX	99	001	051	998	999999	C	V	I	0	DOE, JOHN	YY	50	-0	50		
			2/2/YY	06.00.00	YY	99	001	081	998	000001	L	F	I	0	DOE, JON	YY	50	50	0		
			2/9/YY	06.00.00	ZZ	99	001	091	998	000001	L	A	I	0	DOE, JON	YY	50	50	0		
			3/1/YY	06.00.00	YY	99	001	071	998	000001	C	V	I	0	DOE, JON	YY	50	50	0		
			4/1/YY	06.00.00	YY	99	001	041	998	000001	C	V	I	0	DOE, JON	YY	50	50	0		
			TOTALS BY COUNTY																400	200	50
				002		1/1/YY	06.00.00	XX	99	001	011	998	999999	L	V	I	0	DOE, JOHN	YY	50	-0
1/1/YY	06.00.00	ZZ				99	001	021	998	999999	L	F	I	0	DOE, JOHN	YY	50	-0	0		
2/1/YY	06.00.00	XX				99	001	031	998	999999	C	F	I	0	DOE, JOHN	YY	50	-0	0		
2/1/YY	06.00.00	XX				99	001	051	998	999999	C	F	I	0	DOE, JOHN	YY	50	-0	50		
2/2/YY	06.00.00	YY				99	001	081	998	000001	L	F	I	0	DOE, JON	YY	50	50	0		
2/9/YY	06.00.00	ZZ				99	001	091	998	000001	L	F	I	0	DOE, JON	YY	50	50	0		
3/1/YY	06.00.00	YY				99	001	071	998	000001	C	V	I	0	DOE, JON	YY	50	50	0		
4/1/YY	06.00.00	YY				99	001	041	998	000001	C	F	I	0	DOE, JON	YY	50	50	0		
TOTALS BY COUNTY																400	200	50			
	003					1/1/YY	06.00.00	XX	99	001	011	998	999999	L	A	I	0	DOE, JOHN	YY	50	-0
			1/1/YY	06.00.00	ZZ	99	001	021	998	999999	L	A	I	0	DOE, JOHN	YY	50	-0	0		
			2/1/YY	06.00.00	XX	99	001	031	998	999999	C	F	I	0	DOE, JOHN	YY	50	-0	0		
			2/1/YY	06.00.00	XX	99	001	051	998	999999	C	V	I	0	DOE, JOHN	YY	50	-0	50		
			2/2/YY	06.00.00	YY	99	001	081	998	000001	L	A	I	0	DOE, JON	YY	50	50	0		
			2/9/YY	06.00.00	ZZ	99	001	091	998	000001	L	F	I	0	DOE, JON	YY	50	50	0		
			3/1/YY	06.00.00	YY	99	001	071	998	000001	C	V	I	0	DOE, JON	YY	50	50	0		
			4/1/YY	06.00.00	YY	99	001	041	998	000001	C	V	I	0	DOE, JON	YY	50	50	0		
			TOTALS BY COUNTY																400	200	50
				004		1/1/YY	06.00.00	XX	99	001	011	998	999999	L	F	I	0	DOE, JOHN	YY	50	-0
1/1/YY	06.00.00	ZZ				99	001	021	998	999999	L	F	I	0	DOE, JOHN	YY	50	-0	0		
2/1/YY	06.00.00	XX				99	001	031	998	999999	C	V	I	0	DOE, JOHN	YY	50	-0	0		
2/1/YY	06.00.00	XX				99	001	051	998	999999	C	F	I	0	DOE, JOHN	YY	50	-0	50		
2/2/YY	06.00.00	YY				99	001	081	998	000001	L	A	I	0	DOE, JON	YY	50	50	0		
2/9/YY	06.00.00	ZZ				99	001	091	998	000001	L	F	I	0	DOE, JON	YY	50	50	0		
3/1/YY	06.00.00	YY				99	001	071	998	000001	C	V	I	0	DOE, JON	YY	50	50	0		
4/1/YY	06.00.00	YY				99	001	041	998	000001	C	V	I	0	DOE, JON	YY	50	50	0		
TOTALS BY COUNTY																400	200	50			
TOTALS BY SSN																1600	800	200			
GRAND TOTAL																1600	800	200			

THIS REPORT EXCLUDES ALL REFUNDED FEES.

MONTHLY RECONCILIATION
 FOR RO = XX/ RY = 98
 DUPLICATE REPORT
 ACROSS DELIVERY SYSTEMS

CURRENT DATE: MM/DD/YY

CUTOFF DATE: YY/MM/DD

LOC ST	LOC CTY	SSN	CROP CODE	CROP TYPE	E T	I D	TRANS. DATE	ADM RO	ADM ST	CO/CTY	POLICY	A F	C F	H R	NAME	YR	FEE ASSESSED	EXCESS DUPE FEES	R E F	ACRES	LOSS	STOP
XX	083	999999999	021	998	I	1	12/19/95	AA	XX	001	999999	A	L	0	ROBINSON	98	50	0	Y	N	STOP	
					I	1	03/15/96	BB	XX	004	555555	A	L	0	ROBINSON	98	50	50	Y	N	STOP	
			041	998	I	1	12/19/95	AA	XX	001	999999	A	L	0	ROBINSON	98	50	0	Y	N	OK	
					I	1	03/15/96	BB	XX	004	555555	A	L	0	ROBINSON	98	0	0	N	N	STOP	
			081	998	I	1	12/19/95	AA	XX	001	999999	A	L	0	ROBINSON	98	50	0	Y	N	STOP	
					I	1	03/15/96	BB	XX	004	555555	A	L	0	ROBINSON	98	50	50	Y	N	STOP	
	089	888888888	021	998	I	1	12/07/95	BB	XX	002	666666	F	C	0	LEMON	98	0	0	N	N	STOP	
					I	1	04/11/96	CC	XX	004	777777	F	C	0	LEMON	98	50	0	Y	N	OK	
YY	001	777777777	011	998	I	1	11/03/95	BB	00	005	111111	A	A	0	HENDERSON	98	10	0	Y	N	OK	
					I	1	04/09/96	CC	05	007	222222	F	C	0	HENDERSON	98	0	0	N	N	STOP	
TOTAL																	310	100				

MONTHLY RECONCILIATION
 FOR RO = XY/ RY = 98
 POLICIES WITH DUPLICATE LOSSES
 ACROSS DELIVERY SYSTEMS

CURRENT DATE: MM/DD/YY

CUTOFF DATE: YY/MM/DD

LOC ST	LOC CTY	SSN	CROP CODE	CROP TYPE	E N I	TRANS. DATE	RO	ADM ST	CO ADM CTY	POLICY	COV FLG	HR FLG	NAME	CY	FEE ASSESSED	EXCESS FEES TO RESOLVE	R E ACRES	LOSS	POL TO DEL
XX	001	111111111	011	998	P 2	11/03/95	AA	00	010	222222	A	0	BOB SMITH	96	50	0	Y	Y	YES
					P 2	11/03/95	BB	00	030	333333	A	0	ROB SMITH	96	50	50	Y	Y	YES
XX	002	444444444	021	998	I 1	12/07/95	AA	TX	045	555555	A	0	JONES	96	0	0	Y	Y	YES
					I 1	12/07/95	AA	TX	028	888888	A	0	FRANKLIN	96	0	0	Y	Y	YES
TOTAL															100	50			

RO XX

MONTHLY RECONCILIATION
 DUPLICATE ACREAGE REPORT
 ACROSS DELIVERY SYSTEM
 REINSURANCE YEAR 1998

DUP003

PAGE XX

CURRENT DATE: MM/DD/YY / 15.37.01

CUTOFF DATE: YY/MM/DD

LOC ST	LOC CTY	SSN	CROP CODE	CROP TYPE	E N I T D	SIGN DATE	RO	ADM ST	CO ADM CTY	POLICY	COV FLG	CV FLG	NAME	CY	FEE ASSESSED	EXCESS FEE TO RESOLVE	R E F	ACRES	LOSS	DUPE ACRE	
XX	015	111111111	011	998	J 1	01/10/96	XX	00	043	111111	A	0	A&D HUBBS	98	50	0	Y	N		YES	
					I 1	01/10/96	ZZ	00	043	222222	A	0	HUBBS	98	50	50	Y	N		YES	
	021	444444444	011	998	I 1	10/30/95	CC	00	074	333333	A	0	CONLEY	98	50	0	Y	N		YES	
					I 1	12/02/95	MH	00	085	444444	C	0	CONLEY	98	50	50	Y	N		YES	
		555555555	011	998	I 1	10/30/95	XX	00	142	555555	A	0	MARTIN	98	0	0	Y	N		YES	
					I 1	12/03/95	ZZ	00	131	666666	C	0	SUSAN	98	50	0	Y	N		YES	
		666666666	011	998	C 2	10/27/95	QQ	00	586	777777	A	0	M.HANSON&	98	0	0	Y	N		YES	
					C 2	12/02/95	RR	00	136	888888	A	0	C.HANSON&	98	0	0	Y	N		YES	
TOTAL															250	100					

JUNE 1998

FCIC - M13

FCIC SUMMARY REPORT (MONTHLY)
(PREMIUM DUE WITHOUT PAYMENTS WORK SHEET)
REINSURANCE YEAR 19YY

PDW002

RO XX
SOME REINSURANCE COMPANY
C/O INSURANCE COMPANY
P.O. BOX 999
YOUR CITY, ST 999999999 ID# 99-9999999
CURRENT DATE: MM/DD/YY

CUTOFF DATE: MM/DD/YY

		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
		CURRENT REPORT	PREVIOUS PEAK	RPT DATE OF PEAK	INC OF PREM DUE WO PAYM	NBR DAYS INTEREST	INTEREST DUE (%)(D)(E)		TOTAL OF INTEREST (-F)
MONTH									
DEC	19YY			_____	_____	_____	_____	_____	_____
MARCH	19YY	0	0	_____	_____	_____	_____	_____	_____
MAY	19YY	_____	_____	_____	_____	_____	_____	_____	_____
JULY	19YY	_____	_____	_____	_____	_____	_____	_____	_____
OCTOBER	19YY	_____	_____	_____	_____	_____	_____	_____	_____
JANUARY	19YY	_____	_____	_____	_____	_____	_____	_____	_____
TOTAL									_____

EXAMPLE 3:

PREMIUM DUE WITHOUT (W/O) PAYMENTS

<u>PREMIUM PAYMENT DUE DATE</u>	<u>REPORT DATE</u>	<u>TOTAL PREMIUM DUE W/O PMT.</u>	<u>AMOUNT OF INCREASES IN PREMIUM FROM PREVIOUS PEAK</u>	<u>DAYS (365 DAY YR.) (EXACT DAYS)</u>	<u>INTEREST RATE</u>	<u>INTEREST AMOUNT</u>	<u>NOTE REF.</u>
11/01/YY	11/06/YY	\$1,000,000	\$0	0 0	\$0.00		1
11/01/YY	12/11/YY	\$1,200,000	\$200,000	61 15%	\$5,013.70		2
11/01/YY	01/09/YY	\$1,300,000	\$100,000	92 15%	\$3,780.82		3
11/01/YY	02/12/YY	\$1,100,000	\$0	0 15%	\$0.00		4
11/01/YY	03/12/YY	\$1,400,000	\$100,000	151 15%	\$6,205.48		5

1. Total premium with an October billing date is due to FCIC on October 31.
2. Total premium with an October billing date due to FCIC October 31 has increased by \$200,000. The premium should have been reported on the November report. The company is charged for two full month's interest on the December report.
3. Total premium with an October billing date due to FCIC October 31 has increased by \$100,000 during January. The premium should have been reported on the November report. The company is charged three full month's interest on the January report.
4. The total premium reported did not increase during the month.
5. Total premium with an October billing date due to FCIC October 31 has further increased during the month by another \$100,000. The premium should have been reported on the November report. The company is charged five month's interest.

[SEE ALSO EXHIBIT 9]

JUNE 1998

FCIC - M13

FCIC SUMMARY REPORT (MONTHLY)
(PREMIUM DUE WORK SHEET)
REINSURANCE YEAR 19YY

RO XX
SOME REINSURANCE COMPANY
C/O INSURANCE COMPANY
P.O. BOX 999
YOUR CITY, ST 999999999 ID# 99-9999999
CURRENT DATE: MM/DD/YY

CUTOFF DATE: MM/DD/YY

	(A)	(B)	(C)	(D)	(E)	(F)	(H)
	INS'DS PREM DUE	PREM PAID BY CO.	PREM UNPAID (A-B)	PREV MONTH UNPAID	NBR DAYS INTEREST	INTEREST DUE (%) (D) (E)	TOTAL OF WORKSHEET (-B-F)
MONTH							
DEC 19YY			_____	_____	_____	_____	_____
MARCH 19YY	0	0	_____	_____	_____	_____	_____
MAY 19YY	_____	_____	_____	_____	_____	_____	_____
JULY 19YY	_____	_____	_____	_____	_____	_____	_____
OCTOBER 19YY	_____	_____	_____	_____	_____	_____	_____
JANUARY 19YY	_____	_____	_____	_____	_____	_____	_____
TOTAL							_____
INTEREST DUE FCIC							_____
FCIC DETERMINED OVER PAID							_____

EXAMPLE:

PREMIUM DUE WORKSHEET - OCTOBER PREMIUM DEFERRED (EXAMPLE SHOWING FLOW THROUGH 4 OPERATIONS REPORTS)

REPORT DATE	PREMIUM PAYMENT DUE DATE	(A) INS'DS PREMIUM DUE	(B) PREM PAID BY CO.	(C) PREMIUM UNPAID (A-B)	(D) PREVIOUS MONTH UNPAID	(E) DAYS (365 DAY YEAR)	(F) INTEREST DUE (%*D*E)	(G) SECOND INSTALLMENT (+ -)	(H) TOTAL OF WORKSHEET (-B-F+G)	NOTE REF
11/DD/YY	OCTOBER/YY	\$3,000,000	\$0	\$3,000,000	\$0	0	\$0.00	\$0.00	\$0.00	1
12/DD/YY	OCTOBER/YY	\$2,200,000	\$0	\$2,200,000	\$3,000,000	61	\$75,205.48	\$0.00	\$75,205.48	2
01/DD/YY	OCTOBER/YY	\$1,500,000	\$0	\$1,500,000	\$2,200,000	31	\$28,027.40	\$0.00	\$28,027.40	3
02/DD/YY	OCTOBER/YY	\$750,000	\$0	\$750,000	\$1,500,000	28	\$17,260.27	\$0.00	\$17,260.27	4

1. Premium with an October billing date is deferred. No interest is due on this report.
2. Interest is charged on the \$3,000,000 of premium deferred the previous month (Column D at an annual rate of 15% for the period 11/01/YY through 12/31/YY).
3. Interest is charged on the \$2,200,000 of premium deferred the previous month (Column D) at an annual rate of 15% for the period 01/01/YY through 01/31/YY.
4. Interest is charged on the \$1,500,000 of premium deferred the previous month (Column D) at an annual rate of 15% for the period 02/01/YY through 02/28/YY. Since this is the annual settlement report, all premium is due FCIC on this report even if it remains uncollected.

EXAMPLE :

PREMIUM DUE WORKSHEET - OCTOBER PREMIUM PAID BY COMPANY

REPORT DATE	PREMIUM PAYMENT DUE DATE	(A) INS'DS PREMIUM DUE	(B) PREM PAID BY CO.	(C) PREMIUM UNPAID (A-B)	(D) PREVIOUS MONTH UNPAID	(E) DAYS (365 DAY YEAR)	(F) INTEREST DUE (%*D*E)	(G) SECOND INSTALLMENT (+ -)	(H) TOTAL OF WORKSHEET (-B-F+G)	NOTE REF
11/DD/YY	OCTOBER/YY	3,000,000	3,000,000	0	0	0	0	331,596.40	-2,668,403.60	1
12/DD/YY	OCTOBER/YY	-2,000,000	-2,000,000	0	0	0	0	221,064.27	1,778,935.73	2
01/DD/YY	OCTOBER/YY	-500,000	-500,000	0	0	0	0	55,266.07	444,733.93	3
02/DD/YY	OCTOBER/YY									4

1. PREMIUM WITH OCTOBER BILLING IS PAID BY COMPANY ON THE 11/DD/YY OPERATIONS REPORT. THE SECOND INSTALLMENT (COLUMN G) IS CALCULATED BY THE FOLLOWING FORMULA:

$$\text{TOTAL NON-CAT SUBSIDY} / \text{TOTAL NON-CAT PREMIUM} = \text{QUOTIENT}$$

$$1 - \text{QUOTIENT} = \text{FACTOR (ROUND TO 4 PLACES)}$$

$$\text{PREMIUM PAID BY COMPANY (COLUMN B)} / \text{FACTOR} * \text{SECOND INSTALLMENT RATE.}$$

- 2. COMPANY HAS MADE COLLECTIONS OF OCTOBER PREMIUM WHICH ARE REFLECTED IN THE "PAIDS" ON THE OPERATIONS REPORT. THIS RESULTS IN A NEGATIVE PREMIUM DUE (COLUMN A). THE SECOND INSTALLMENT CALCULATION IS THE SAME AS ABOVE.
- 3. COMPANY HAS MADE ADDITIONAL COLLECTIONS OF OCTOBER PREMIUM. SAME SECOND INSTALLMENT CALCULATION AS ABOVE.
- 4. FIRST ANNUAL OPERATIONS REPORT. ALL PREMIUM DUE EVEN IF NOT COLLECTED BY THE COMPANY. NO PREMIUM DUE WORKSHEET NECESSARY.

INSTRUCTION GUIDE FOR FUNDS TRANSFER
DEPOSIT MESSAGES TO TREASURY

All Government agencies must provide specific information to their depositors so that a funds transfer deposit message can be transmitted to the Department of the Treasury (Treasury). Likewise, the depositors must communicate this information to the bank sending the funds transfer. The funds transfer deposit message format is included within this appendix. A narrative description of each field on the funds transfer deposit message follows:

<u>Field</u>	<u>Content</u>
1	RECEIVER-DFI# - The Treasury Department's ABA number for deposit-messages is 021030004. This number should be entered by the sending bank for all deposit messages sent to the Treasury.
2	TYPE-SUBTYPE-CD - The type and subtype code will be provided by the sending bank.
3	SENDER-DFI# - This number will be provided by the sending bank.
4	SENDER-REF# - The sixteen character reference number is inserted by the sending bank at its option.
5	AMOUNT - The transfer amount must be punctuated with commas and decimal point; use of the "\$" is optional. This item will be provided by the depositor.
6	SENDER-DFI-NAME - This information is automatically inserted by the Federal Reserve Bank.
7	RECEIVER-DFI-NAME - The Treasury Department's name for deposit messages is "TREAS NYC." This name should be entered by the sending bank.
8	PRODUCT CODE - A product code of "CTR" for customer transfer should be the first data in the RECEIVER-TEXT field. Other values may be entered, if appropriate, using the ABA's options. A slash must be entered after the product code.
9	AGENCY LOCATION CODE - THIS ITEM IS OF CRITICAL IMPORTANCE. IT MUST APPEAR ON THE FUNDS TRANSFER DEPOSIT MESSAGE IN THE PRECISE MANNER AS STATED TO ALLOW FOR THE AUTOMATED PROCESSING AND CLASSIFICATION OF THE FUNDS TRANSFER MESSAGE TO THE AGENCY LOCATION CODE OF THE APPROPRIATE AGENCY. The agency location code (ALC) refers to three-, four-, or eight-digit numeric symbols used to identify Government departments and agencies (e.g., accounting stations, disbursing and collecting offices). The agency's unique code must be specified in the funds transfer message in order for the funds to be correctly classified to the respective agency. The ALC identification sequence includes the beneficiary code field tag, BNF-, and identifier code, /AC-, followed by the appropriate ALC number. These three components must be in the following format:

BNF-/AC- <u>nnn</u>	-OR-	3-digit ALC
BNF-/AC- <u>nnnn</u>	-OR-	4-digit ALC
BNF-/AC- <u>nnnnnnnn</u>		8-digit ALC

The ALC identification sequence can, if necessary, begin on one line and end on the next line; however, the field tag "BNF-" must be one line and cannot contain any spaces.

10	THIRD PARTY INFORMATION - The appropriate information to identify the reason for the funds transfer should be provided by the agency to the depositor. The
----	--

originator to Beneficiary Information field tag "OBI-" is used to signify the beginning of the free-form third party text. The field tag "OBI-" must be on the same line and cannot contain any spaces. The field tag is placed following the ALC identification sequence and preceded by a space. An example of this data line using the 8-digit ALC would be as follows:

BNF-/AC-nnnnnnnn OBI

It is important to note that the length of the third party text depends on how close you can place the ALC identification sequence (Field 9) to the PRODUCT CODE (Field 8). Under the Federal Reserve System's Structured Third Party Format, financial institutions have the ability to place additional information fields for their own use between field 8 and field 9. Agencies should instruct their depositors and financial institutions to limit the use of these additional fields, and attempt to adhere to the optimum format for fields 7, 8, 9, and 10. This format using an 8-digit ALC is as follows:

TREAS NYC/CTR/BNF-/AC-nnnnnnnn OBI-

The optimum format, shown above will allow 219 character positions of information following the "OBI-" indicator. The information that is constant for all agencies is shown in the Funds Transfer Deposit Message Format within this appendix. This includes the RECEIVER-DFI# (FIELD 1), the RECEIVER-DFI-NAME (FIELD 7) and the PRODUCT CODE (FIELD 8). In addition to these constant fields, the agency must provide fields 9 and 10 to their depositors and the depositor must provide field 5 to the sending financial institution.

The depositor should inform the financial institution that sends the funds transfers to Treasury to use due care and ensure that all information is provided in the prescribed format. Failure to provide the information in the prescribed format may cause a delay in the notification of the funds transfer to the agency.

A sample of a funds transfer deposit message to Treasury is included within this appendix.

021030004 _____ (2)

_____ (3) _____ (4) _____ (5) _____

_____ (6) _____

/ _____ (7) _____ (8) _____

TREAS

NYC/CTR/ _____

_____ (9)

BNF-/AC-nnnnnnnn

OBI- _____ (10)

RO XX
 XXXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID # 99-999999

FCIC ADMINISTRATIVE REDUCTION REPORT
 FOR ADDITIONAL COVERAGE POLICIES
 REINSURANCE YEAR 19YY
 MONTHLY

ARA001

CURRENT DATE : MM/DD/YY

CUTOFF DATE : MM/DD/YY

REDUCED AMOUNT

ST	CO	POLICY	CROP CODE	CROP TYPE	PREMIUM	1.5%	3.0%	4.5%	TOTAL
XX	999	111111	011	001	999	99.99			99.99
		222222	075	001	999		999.99		999.99
XX	999	333333	081	001	999			999.99	999.99
STATE TOTAL						99.99	999.99	999.99	2099.97
GRAND TOTAL						99.99	999.99	999.99	2099.97

	RA	GRP	CRC	OTHER	GRAND
TOTAL 1.5%))			99.99	99.99
TOTAL 3.0%				999.99	999.99
TOTAL 4.5%				999.99	999.99
GRAND TOTAL))			2099.97	\$2099.97

RO XX
 XXXXXX INSURANCE COMPANY
 P.O. BOX 999
 CITY, STATE 999999999 ID # 99-999999

FCIC OPERATIONS REPORT
 LIMITED COVERAGE ADMINISTRATIVE REDUCTION REPORT
 REINSURANCE YEAR 19YY
 MONTHLY

ARL001

CURRENT DATE: MM/DD/YY

CUTOFF DATE : MM/DD/YY

RO ST CO	CROP POLICY	CROP CODE	TYPE	PREMIUM	EXPENSE REIMB AMT	REDUCTION %	PRELIM REDUCTION	AMT REDUCED (\$50 FLOOR)
XX XX 999	111111	011	001	230	50.60	.045	10.35	.60
	222222	021	001	1000	220.00	.015	45.00	45.00
	333333	041	001	230	50.60	.045	10.35	.60
	444444	051	011	200	44.00	.045	9.00	.00
	555555	071	011	1000	220.00	.030	45.00	45.00
	666666	091	011	<u>200</u>	<u>44.00</u>	.045	<u>9.00</u>	<u>.00</u>
STATE TOTAL				\$2,860	\$629.20		\$128.70	\$91.20
GRAND TOTAL				\$2,860	\$629.20		\$128.70	\$91.20

	RA	GRP	CRC	OTHER	GRAND
TOTAL 1.5%))				
TOTAL 3.0%		45.00		.60	.60
TOTAL 4.5%				45.00	90.00
				.60	.60
GRAND TOTAL))				
		45.00		46.20	91.20

JUNE 1998

CERTIFIED ESCROW REQUEST

DATE: MM/DD/YY

TO: Federal Crop Insurance Corporation
Fiscal Operations Branch

FROM: RO # _____
XYZ Insurance Company
Street Address
City, State, Zip Code

Subject: MPCFI Escrow Account Funding - - Request # YY - XXX
19YY Reinsurance Year

Total Losses		<u>\$15,800.00</u>
M/Credit Memo This Policy	<u>\$700.00</u>	
P/Credit Memo - Another Policy	<u>800.00</u>	
F/Administrative Fee	<u>0.00</u>	
R/Recovery of Previous Year Premium	<u>1,100.00</u>	
O/Other Deductions	<u>900.00</u>	
Total Deductions		<u>3,500.00</u>
E/Draft Issued, Escrow Used		<u>\$12,300.00</u>

CERTIFIED CORRECT

Signature

Title

Date

NOTE: ANY FALSE CERTIFICATION MADE TO THE CORPORATION MAY SUBJECT THE MAKER TO CRIMINAL AND CIVIL PENALTIES AS PROVIDED IN 18 U.S.C. 287, 1001; 31 U.S.C. 3729 AND 3730.

CHECK REGISTER - XYZ INSURANCE COMPANY

Register No. XXXX Date MM/DD/YY

							M	P	F	R	O		E	
ST	CO. NO	POLICY NO.	INSURED NAME	CLAIM NO	AMOUNT OF LOSS	CREDIT NO.	MEMO AMT	ANOTHER POLICY AMT	ADMIN. FEE	RECOVERY OF PREV PREM	OTHER DEDUCTIONS	DRAFT NO.	ISSUED AMOUNT	CHECK DATE
01	838 1995	022496 008136 001135	F. FARMER	3,302,073	5,000	201	100	100	-0-	200	250	1,001	4,350	MM/DD/YY
02	927 1996	123456 033564 044529	J. SMITH	330,299	10,000	202	500	500	-0-	600	550	1,002	7,850	MM/DD/YY
03	421 1997	787862 088523 099523	B. BREWER	3,303,100	800	203	100	200	-0-	300	100	1,003	100	MM/DD/YY

CERTIFIED CORRECT

SIGNATURE

TITLE

DATE

NOTE: ANY FALSE CERTIFICATION MADE TO THE CORPORATION MAY SUBJECT THE MAKER TO CRIMINAL AND CIVIL PENALTIES AS PROVIDED IN 18 U.S.C. 287, 1001; 31 U.S.C. 3279 AND 3730.

DEPOSIT TO ESCROW ACCOUNT # _____ AT _____ BANK

LOSSES	15,800.00
M	700.00
P	800.00
F	0.00
R	1,100.00
O	900.00
E (Drafts)	12,300.00