(LOSS ADJUSTER DATA - TYPE 56)
Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 56.
2	Reporting Organization	3	2	X(02)	Required. Edit with RO/Company table.
3	Active Flag	5	1	X(01)	Required for all records. Must be: Y = Yes, Active N = No, Inactive.
4	Inactive Date	6	8	X(08)	If field #3 = N, then this field cannot be blank. Must be: MM/DD/YYYY format.
5	Filler	14	2	X(02)	Must be Spaces.
6	Reinsurance Year	16	4	9(04)	Must be 1998 for the 1998 the Reinsurance Year.
7	Filler	20	1	X(01)	Must be Spaces.
8	Adjuster ID	21	9	X(09)	Required for all records. Must be left justified. Matched to adjuster ID code on 21 record.
9	Adjuster Last Name	30	20	X(20)	Required for all records. Last name of the adjuster. Must be left justified beginning in the first position.
10	Adjuster First Name	50	12	X(12)	First name of the adjuster. Must not be blank. Must be left justified beginning in first position.
11	Adjuster Middle Name	62	10	X(10)	Middle name of the loss adjuster. Must be left justified beginning in first position.
12	Adjuster Suffix	72	5	X(05)	Name suffix of the loss adjuster (i.e. Sr, Jr, etc.) Must be left justified beginning in first position.
13	Adjuster Title	77	4	X(04)	Name title of the loss adjuster (i.e. Dr, Mr, etc.) Must be left justified beginning in first position.
14	Address State	81	2	X(02)	Required for all records. Must be valid alpha state abbreviation. If foreign country state enter "ZZ".
15	Filler	83	154	X(154)	Must be Spaces.
16	Social Security Number	237	9	9(09)	Required. Valid SSN for the Loss Adjuster. Required for A/O expense reimbursement at annual settlement R&D-97-XXX.
17	Filler	246	97	X(97)	Must be Spaces.
18	Reserved - FSA Control Date	343	8	9(08)	