

**ESCROW REGISTER DETAIL**

**AIP NAME**

**RO CODE**

**ACCOUNT # 12345**

**DATE/TIME PROCESSED MM/DD/YYYY HH:SS**

**Total Requested Amount**            999,999.99  
**Previous Requested Amount**       999,999.99  
**Receivable Amount**                 999,999.99  
**Payment Amount**                    999,999.99

<b>State</b>	<b>Company</b>	<b>Policy</b>	<b>Producer</b>	<b>Claim</b>	<b>Requested Amount</b>	<b>Previous</b>	<b>Payable</b>
XX	999	9999999	LAST NAME, FIRST NAME	999	999,999.99	999,999.99	999,999.99
XX	999	9999999	LAST NAME, FIRST NAME	999	999,999.99	999,999.99	999,999.99

**Previous Y-T-D Total**                999,999.99  
**Reinsurance Year 2012 Total**      999,999.99  
**Cumulative Y-T-D Total**          999,999.99