

RO XX		FCIC DETAIL ACCOUNTING REPORT										ADR004
REINSURANCE YEAR - YYYY												
COMPANY NAME												
C/O Mga												
CURRENT DATE: MM/DD/YYYY HH.MM.SS				CUTOFF DATE: MM/DD/YYYY								
ST	CO	POLICY	CROP YR	PREMIUM	PAIDS	LOSS CR	SUBSIDY	CLEARED LOSSES	ADDT SUBSIDY	OVER PAID	OVER LOSS - CR	
XX	999	9999999	YYYY	999,999	999,999	999,999	999,999	99,999	99,999	9.99	9,999.99	
	999	9999999	YYYY	999,999	999,999	999,999	999,999	99,999	99,999	9.99	9,999.99	
*TOTAL STATE XX				9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	999,999	99.99	99,999.99	
XX	999	9999999	YYYY	999,999	999,999	999,999	999,999	99,999	99,999	9.99	9,999.99	
	999	9999999	YYYY	999,999	999,999	999,999	999,999	99,999	99,999	9.99	9,999.99	
*TOTAL STATE XX				9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	999,999	99.99	99,999.99	
XX	999	9999999	YYYY	999,999	999,999	999,999	999,999	99,999	99,999	9.99	9,999.99	
	999	9999999	YYYY	999,999	999,999	999,999	999,999	99,999	99,999	9.99	9,999.99	
*TOTAL STATE XX				9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	999,999	99.99	99,999.99	
TOTAL				99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	9,999,999	999.99	999,999.99	