

* Please fill in the Yellow Boxes

AIP Name
 Address
 Account Number
 MPC I REINSURED COMPANY
 PROVIDENT ESCROW ACCOUNT RECONCILIATION
 Current Date

| | | |
|---|--------------|------|
| BALANCE PER STATEMENT | | |
| AS OF | Current Date | |
| ESCROW REQUESTS IN TRANSIT | | 0.00 |
| TOTAL DEBITS | | 0.00 |
| OUTSTANDING CHECKS | | |
| AS OF | Current Date | |
| INTEREST (as listed on the bank statement) | | |
| | | 0.00 |
| TOTAL CREDITS | | 0.00 |
| OVERAGE(+)/SHORTAGE(-) | | 0.00 |
| TOTAL | | 0.00 |

Reconciliation Preparer

Date

Supervisor

Date

Report Name: Escrow Bank Reconciliation Report
Exhibit Number: 8-4

Reinsurance Year: 2020
Version: Approved
Release Date: 7/1/2019

AIP Name
IN-TRANSIT
Current Date

Optional Optional

| RY | POLICY | CLAIM | AMOUNT | CHECK NUMBER | CHECK DATE |
|-----------|---------------|--------------|---------------|---------------------|-------------------|
|-----------|---------------|--------------|---------------|---------------------|-------------------|

This Tab Should Contain:

All outstanding checks issued in the current month that meet the following criteria:

- Check was issued in the Current Month (the month of the reconciliation)
- The AIP request for funding was submitted to RMA in the current month.
- The funding from RMA was not received during the current month

* If the check was cashed before the end of the month and funding has still not been recieved then the check should be in the Overage and Shortage tab as a Shortage.

* If the check was written in a prior month and still has not been funded it should be listed on the Overage and Shortage tab as a Shortage.

Report Name: Escrow Bank Reconciliation Report
Exhibit Number: 8-4

Reinsurance Year: 2020
Version: Approved
Release Date: 7/1/2019

AIP Name
CHECK REGISTER
Current Date

Total:

| RY | POLICY | CLAIM | CHECK# | CHECK DATE |
|-----------|---------------|--------------|---------------|-------------------|
|-----------|---------------|--------------|---------------|-------------------|

This tab should contain all checks that were written during the current month regardless if the check was cashed or voided.

AIP Name
OUTSTANDING
Current Date

Total

| RY | POLICY | CLAIM | CHECK# | CHECK DATE |
|-----------|---------------|--------------|---------------|-------------------|
|-----------|---------------|--------------|---------------|-------------------|

This tab should contain all outstanding checks from current and previous periods that have not been cashed by the producer.

AIPs must monitor their list of outstanding checks that are approaching one year old as follows:

- i. Send a letter to the insured whose outstanding indemnity check is within 45 days of one year old to inform the insured that the check will be voided if it is not cashed within 45 days. The AIP must also offer to issue a replacement check in the event the insured cannot locate the original check. The insured must be given 45 days to either 1) cash the original check, or 2) request a replacement check.
- ii. If the insured requests a replacement check the AIP should void the original check and process a new check.
- iii. If the insured does not request a replacement check or cash the original check within the 45 days the AIP should take the following action:
 - 1. Void the insured's original check.
 - 2. Submit to FCIC a listing for all voided checks that includes the related reinsurance year, policy number, claim number, check number, and amount. This list must be accompanied by a check _____ reimbursing FCIC for the full amount of the listed voided checks. AIPs must not make any changes to the loss data submitted through PASS.
 - 3. In the instance the insured requests repayment after the check has been voided, the AIP will issue a new check to the insured and submit to FCIC a manual escrow register with the policy number, claim number, and check information. FCIC will manually fund the escrow account for the reissued check amount.

Report Name: Escrow Bank Reconciliation Report
Exhibit Number: 8-4

Reinsurance Year: 2020
Version: Approved
Release Date: 7/1/2019

AIP Name
CLEARED
Current Date

Total

Optional

| RY | POLICY | CLAIM | CHECK# | CHECK DATE | CLEARED DATE |
|----|--------|-------|--------|------------|--------------|
|----|--------|-------|--------|------------|--------------|

This tab should only contain checks that have cleared the bank within the current month.

Report Name: Escrow Bank Reconciliation Report
Exhibit Number: 8-4

Reinsurance Year: 2020
Version: Approved
Release Date: 7/1/2019

AIP Name

VOIDS

Current Date

Total

Optional

| RY | Policy | Claim | Check# | Check Date | Amount Reissued (Y/N) | Reissued Check# | Reissued Check Amount |
|----|--------|-------|--------|------------|-----------------------|-----------------|-----------------------|
|----|--------|-------|--------|------------|-----------------------|-----------------|-----------------------|

This tab should only contain checks that were voided in the current month.

**AIP Name
MPCI REINSURED COMPANY
PROVIDENT ESCROW ACCOUNT RECONCILIATION
INTEREST
Current Date**

DATE DEPOSITED

This should only list the current month's interest (as listed on the bank statement)

AIP Name
 Current Date

OVERAGES

| RY | Policy # | Claim # | Description | Amount |
|--|----------|---------|-------------|--------|
| Overages consist of any amounts within the escrow account that are over and above what is due the insured. This includes: <ol style="list-style-type: none"> 1 Deposits from the AIP to cover amounts not yet funded by RMA, 2 Downward revisions on already paid claims, 3 any other amounts within the account that are not deemed "due the insured" <p style="text-align: center;">Please provide a description of why the item is listed as an OVERAGE</p> | | | | |
| TOTAL OVERAGES | | | | _____ |

SHORTAGES

| RY | Policy # | Claim # | Description | Amount |
|---|----------|---------|-------------|--------|
| Shortages consist of any amounts due the insured that have not been funded by RMA. This includes: <ol style="list-style-type: none"> 1 Funding that has been requested by the AIP in previous months that RMA has not funded, 2 Checks the insured has cashed in the current month that have not been funded by RMA, 3 and other amounts deemed due the insured that have not been funded by RMA. <p style="text-align: center;">Please provide a description of why the item is listed as a SHORTAGE</p> | | | | |
| TOTAL SHORTAGES | | | | _____ |
| NET BALANCE | | | | _____ |

AIP Name
IN-TRANSIT
Current Date

| RY | POLICY | CLAIM | AMOUNT | Optional CHECK NUMBER | Optional CHECK DATE |
|-----------|---------------|--------------|---------------|---------------------------------|-------------------------------|
|-----------|---------------|--------------|---------------|---------------------------------|-------------------------------|

This Tab Should Contain:

All outstanding checks issued in the current month that meet the following criteria:

- Check was issued in the Current Month (the month of the reconciliation)

AIP Name
CHECK REGISTER
Current Date

Total: -

| RY | POLICY | CLAIM | CHECK# | CHECK DATE | AMOUNT |
|----|--------|-------|--------|------------|--------|
|----|--------|-------|--------|------------|--------|

AIP Name
OUTSTANDING
Current Date

Total -

| RY | POLICY | CLAIM | CHECK# | CHECK DATE | AMOUNT |
|----|--------|-------|--------|------------|--------|
|----|--------|-------|--------|------------|--------|

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AIP Name
CLEARED
Current Date

Total

-

Optional

RY

POLICY

CLAIM

CHECK#

CHECK DATE

AMOUNT

CLEARED DATE

AIP Name
VOIDS
Current Date

Total -

| RY | POLICY | CLAIM | CHECK# | CHECK DATE | AMOUNT | REISSUED (Y/N) |
|----|--------|-------|--------|------------|--------|----------------|
|----|--------|-------|--------|------------|--------|----------------|

This tab should only contain checks that were voided in the current month.

-

AIP Name
MPCI REINSURED COMPANY
PROVIDENT ESCROW ACCOUNT RECONCILIATION
INTEREST
Current Date

DATE DEPOSITED



This should only list the current r

AIP Name

Current Date

OVERAGES

| RY | Policy # | Claim # | Description | Amount |
|----|----------|---------|-------------|--------|
|----|----------|---------|-------------|--------|

Overages consist of any amounts within the escrow account that are over and above what is due the insured. This includes:

- 1 Deposits from the AIP to cover amounts not yet funded by RMA,
- 2 Downward revisions on already paid claims,
- 3 any other amounts within the account that are not deemed "due the insured"

Please provide a description of why the item is listed as an OVERAGE

TOTAL OVERAGES _____ -

SHORTAGES

| RY | Policy # | Claim # | Description | Amount |
|----|----------|---------|-------------|--------|
|----|----------|---------|-------------|--------|

Shortages consist of any amounts due the insured that have not been funded by RMA. This includes:

- 1 Funding that has been requested by the AIP in previous months that RMA has not funded,
- 2 Checks the insured has cashed in the current month that have not been funded by RMA,
- 3 and other amounts deemed due the insured that have not been funded by RMA.

Please provide a description of why the item is listed as a SHORTAGE

TOTAL SHORTAGES _____ -

NET BALANCE _____ -