RO XX FCIC OPERATIONS REPORT PAGE: 1
RO TAX ID: 999999999 REINSURANCE YEAR - 2007 RCP001-C
Reinsured Company Name MONTHLY
C/O MGA
Street Address,
City, ST 99999-9999
CURRENT DATE : 10/12/2007 07.26.16 CUTOFF DATE : 10/12/2007

	PREMIUM	PAID	LOSS-CR	SUBSIDY	LOSSES	ADDT SUBSIDY
GRP/GRIP	0	.00	0	0	0	0
REVENUE HARV. OPT.	0	.00	0	0	0	0
OTHER	0	.00	0	0	0	0
TOTAL NON CAT	0	.00	0	0	0	0
CAT	0			0	0	

(L/R = .0000)				DUE COMPANY	DUE FCIC
a.NET EXPENSE REIMBURSEMENT ADJUSTMENT				.00	
b.NET CONTINGENCY FUND					.00
c.PREMIUM COLLECTED	.00				.00
d.ESCROW AND DRAFTS		.00	.00	.00	
e.LOSS DEDUCTIONS (F,R,O)	.00	.00	.00	.00	
f.STATE SUBSIDY				.00	
g.COMPANY PREVIOUS PAYMENT				.00	
h.FCIC INTEREST PAID				.00	
i.LITIGATION EXPENSE				.00	
j.NET ADMINISTRATIVE FEE ADJUSTMENT					.00
k.REDUCTIONS DUE TO RECON REPORT DIFFERENCES					.00
l.FCIC INTEREST/PENALTY					.00
m.FCIC DET OVERPAID					.00
n.FCIC PREVIOUS PAYMENT					.00
o.ESCROW FUNDED					.00
p.PAID PREVIOUS WORKSHEETS				.00	.00
q.UNDERWRITING LOSS				.00	.00
r.AQUACULTURE UNDERWRITING LOSS				.00	.00
s.SUBTOTAL				.00	.00
t.TOTAL FROM CURRENT WORKSHEET				.00	.00
u.BALANCE DUE COMPANY/FCIC					.00

ESCROW REIMBURSEMENT

v.PREVIOUS ESCROW FUNDED	.00
w.LESS DRAFTS ISSUED (ESCROW)	.00
x.ESCROW BALANCE	.00

CERTIFIED CORRECT

NAME 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

RO XX FCIC INSTALLMENT REPORT PAGE: 1
RO TAX ID: 999999999 REINSURANCE YEAR - 2007 INS001
Reinsured Company Name
C/O MGA
Street Address,
City, ST 99999-9999
CURRENT DATE : 10/12/2007 07.01.14 CUTOFF DATE : 10/12/2007

	PREMIUM	PAID	LOSS-CR	SUBSIDY	LOSSES	ADDT SUBSIDY
GRP/GRIP	0	.00	0	0	0	0
REVENUE HARV. OPT.	0	.00	0	0	0	0
OTHER	0	.00	0	0	0	0
TOTAL NON CAT	0	.00	0	0	0	0
CAT	0			0	0	

			DUE COMPANY
ADMINISTRATIVE AND OPERATING SUBSIDY			
GRP/GRIP			
(22.4%) - 75% COVERAGE LEVEL	999,999	.00	
(20.1%) - 80% COVERAGE LEVEL	999,999	.00	
(19.4%) - 85% COVERAGE LEVEL	999,999	.00	
TOTAL GRP/GRIP			.00
REVENUE HARV. OPT.			
(20.8%) - 75% COVERAGE LEVEL	9,999,999	.00	
(18.7%) - 80% COVERAGE LEVEL	9,999,999	.00	
(18.1%) - 85% COVERAGE LEVEL	9,999,999	.00	
TOTAL REVENUE			.00
OTHER			
(24.2%) - 75% COVERAGE LEVEL	9,999,999	.00	
(21.7%) - 80% COVERAGE LEVEL	9,999,999	.00	
(21.0%) - 85% COVERAGE LEVEL	9,999,999	.00	
TOTAL OTHER			.00
TOTAL ADMINISTRATIVE AND OPERATING SUBSIDY			.00
CAT LOSS ADJUSTMENT (07%)	9,999,999		.00
NET EXPENSE REIMBURSEMENT ADJUSTMENT			.00

RO XX FCIC OPERATIONS REPORT PAGE: 1
RO TAX ID: 999999999 REINSURANCE YEAR - 2007 RCP002-C
Reinsured Company Name ANNUAL
C/O MGA
Street Address,
City, ST 99999-9999
CURRENT DATE : 10/12/2007 07.26.16 CUTOFF DATE : 10/12/2007

	PREMIUM	PAID	LOSS-CR	SUBSIDY	LOSSES	ADDT SUBSIDY
GRP/GRIP	0	.00	0	0	0	0
REVENUE HARV. OPT.	0	.00	0	0	0	0
OTHER	0	.00	0	0	0	0
TOTAL NON CAT	0	.00	0	0	0	0
CAT	0			0	0	

(L/R = .0000)				DUE COMPANY	DUE FCIC
a.NET EXPENSE REIMBURSEMENT ADJUSTMENT				.00	
b.NET CONTINGENCY FUND					.00
c.PREMIUM COLLECTED	.00				.00
d.LOSS-CR, ESCROW AND DRAFTS	.00	.00	.00	.00	
e.LOSS DEDUCTIONS (F,R,O)	.00	.00	.00	.00	
f.STATE SUBSIDY				.00	
g.SUBSIDY				.00	
h.ADDITIONAL SUBSIDY				.00	
i.COMPANY PREVIOUS PAYMENT				.00	
j.FCIC INTEREST PAID				.00	
k.LITIGATION EXPENSE				.00	
l.NET ADMINISTRATIVE FEE ADJUSTMENT					.00
m.REDUCTIONS DUE TO RECON REPORT DIFFERENCES					.00
n.FCIC INTEREST/PENALTY					.00
o.FCIC DET OVERPAID					.00
p.FCIC PREVIOUS PAYMENT					.00
q.ESCROW FUNDED					.00
r.PAID PREVIOUS WORKSHEETS				.00	.00
s.UNDERWRITING GAIN/LOSS				.00	.00
t.AQUACULTURE UNDERWRITING GAIN/LOSS				.00	.00
u.SUBTOTAL				.00	.00
v.TOTAL FROM CURRENT WORKSHEET				.00	.00
w.BALANCE DUE COMPANY/FCIC					.00

ESCROW REIMBURSEMENT

x.PREVIOUS ESCROW FUNDED	.00
y.LESS DRAFTS ISSUED (ESCROW)	.00
z.ESCROW BALANCE	.00

CERTIFIED CORRECT

NAME 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

RO XX
XXXXXX INSURANCE COMPANY
P.O. BOX 999
CITY, STATE 999999999 ID# 99-999999
CURRENT DATE: 2007/10/12 CUTOFF DATE 2007/10/12

FCIC ADMINISTRATIVE FEE REPORT
REINSURANCE YEAR 2007
(MONTHLY)

FEE001
(ARS2100)

CAT FEES DUE FCIC	9,900.00
ADDT=L COVERAGE FEES DUE FCIC	.00
LESS COMPANY CAT FEES REDUCTION	1,000.00
ADMINISTATIVE FEES DUE FCIC	8,900.00

RO XX FCIC ACCOUNTING DETAIL REPORT (EXCLUDING CAT) ADR001
XXXXXX INSURANCE COMPANY REINSURANCE YEAR 2007 (ARS1800)
C/0 XXXXX INSURANCE COMPANY MONTHLY
P.O. BOX 999
CITY, STATE 999999999 ID# 99-999999
CURRENT DATE: 2007/10/12 CUTOFF DATE: 2007/10/12

ST	CO	POL #	YR	NAME	(NOTES)	PREMIUM	PAID	LOSS-CR	SUBSIDY	CLEARED LOSSES	COST SHARE
XX	999	999999	YYYY	DOE, JOHN	*L	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JOHN	*	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JOHN	*#	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JOHN	*	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JOHN	*L	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JOHN	*	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JANE	*L	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JANE	*	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JANE	*	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JANE	*L	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JANE	*	9,999	9,999	999	9,999	999	99
XX	999	999999	YYYY	DOE, JANE	*#	9,999	9,999	999	9,999	999	99
TOTAL						9,999	9,999	999	9,999	9,999	99

*** NOTES ***
(*) - ASSIGNED RISK (V) - OVERPAID
(P) - PAYMENT CR MEMO (E) - ESCROW
(L) - POLICY EITHER INCLUDES OR IS LIMITED COVERAGE

RO XX
XXXXXX INSURANCE COMPANY
C/0 XXXXX INSURANCE COMPANY
P.O. BOX 999
CITY, STATE 999999999 ID# 99-999999
CURRENT DATE: 2007/10/12

FCIC ACCOUNTING DETAIL REPORT (EXCLUDING CAT
REINSURANCE YEAR 2007
STATE TOTALS

CUTOFF DATE: 2007/10/12

ADR002
(ARS1800)

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

RO XX
XXXXXX INSURANCE COMPANY
C/0 XXXXX INSURANCE COMPANY
P.O. BOX 999
CITY, STATE 999999999 ID# 99-999999
CURRENT DATE: 2007/10/12

FCIC DETAIL REPORT (EXCLUDING CAT)
REINSURANCE YEAR 2007
GRAND TOTALS

CUTOFF DATE: 2007/10/12

ADR003
ARS4130-3

CLEARED

CROP YR	PREMIUM	PAID	LOSS-CR	SUBSIDY	LOSSES	COST SHARE
2007	4,771,780			1,849,846		
2008	33,965,205			13,395,937		
2009	25,900			45,121		
TOTALS	38,762,885	167,779.38		15,290,904		
OVERPAIDS		167.00	0			
GRAND TOTALS LESS OVERPAIDS	38,762,885	167,612.38	0	15,290,904	0	0

PMEMO
MMEMO
PLCR

FCIC DETAIL OVERPAIDS REPORT (EXCLUDING CAT) ADR004
REINSURANCE YEAR - 2007
MONTHLY

CURRENT DATE/TIME: 10/12/2007 05:36:27 CUTOFF DATE: 10/12/2007

ST	CO	POLICY	CROP YR	PREMIUM	PAID	LOSS CR	SUBSIDY	CLEARED LOSSES	COST SHARE
00	000	0000000	0000	0,000	0,000	0.00	0	0	0

RAS SUMMARY LOAD
P/CR MEMO REJECT REPORT

RO XX
XXXXXX REINSURED COMPANY
C/O XXXXX INSURANCE COMPANY
P.O. BOX 999
CITY, STATE 999999999 ID#99-999999
CUTOFF DATE: 2007/10/12

CURRENT DATE: 2007/10/12
PCR001
(ARS4110)

P/CR MEMO RO	P/CR MEMO LOC ST	P/CR MEMO CNO	P/CR MEMO POLICY NO	P/CR MEMO CROP YR	PAID	STATE SUBSIDY	PMEMO	SOURCE RO	SOURCE LOC ST	SOURCE CNO	SOURCE POLICY NO	SOURCE CROP YR
XX	NE	900	003010	YYYY	0.00	0.00	817.00	XX	31	900	013010	YYYY
	PA	900	000666	YYYY	0.00	0.00	1757.00	XX	42	900	010666	YYYY
			001313	YYYY	0.00	0.00	1084.00	XX	42	900	011313	YYYY
			001314	YYYY	0.00	0.00	84.00	XX	42	900	011314	YYYY
			001941	YYYY	0.00	0.00	3336.00	XX	42	900	011941	YYYY
			002713	YYYY	0.00	0.00	6.00	XX	42	900	012713	YYYY
			002829	YYYY	0.00	0.00	171.00	XX	42	900	012829	YYYY
			002893	YYYY	0.00	0.00	55.00	XX	42	900	012893	YYYY
			002992	YYYY	0.00	0.00	2708.00	XX	42	900	012992	YYYY
			003100	YYYY	0.00	0.00	3691.00	XX	42	900	013100	YYYY
			003114	YYYY	0.00	0.00	2679.00	XX	42	900	013114	YYYY
			003119	YYYY	0.00	0.00	769.00	XX	42	900	013119	YYYY
			003120	YYYY	0.00	0.00	3877.00	XX	42	900	013120	YYYY
			003123	YYYY	0.00	0.00	7369.00	XX	42	900	013123	YYYY
			003305	YYYY	0.00	0.00	75.00	XX	42	900	013305	YYYY
			003390	YYYY	0.00	0.00	316.00	XX	42	900	013390	YYYY
			003447	YYYY	0.00	0.00	84.00	XX	42	900	013447	YYYY
			003448	YYYY	0.00	0.00	1030.00	XX	42	900	013448	YYYY
			003450	YYYY	0.00	0.00	85.00	XX	42	900	013450	YYYY
			003525	YYYY	0.00	0.00	671.00	XX	42	900	013525	YYYY
			003526	YYYY	0.00	0.00	299.00	XX	42	900	013526	YYYY
			003668	YYYY	0.00	0.00	179.00	XX	42	900	013668	YYYY
			003673	YYYY	0.00	0.00	282.00	XX	42	900	013673	YYYY
			003692	YYYY	0.00	0.00	174.00	XX	42	900	013692	YYYY
			003693	YYYY	0.00	0.00	94.00	XX	42	900	013693	YYYY
			003696	YYYY	0.00	0.00	159.00	XX	42	900	013698	YYYY
			003699	YYYY	0.00	0.00	94.00	XX	42	900	013699	YYYY
			003700	YYYY	0.00	0.00	19.00	XX	42	900	013700	YYYY
			003701	YYYY	0.00	0.00	94.00	XX	42	900	013701	YYYY
TOTAL RO: XX					0.00	0.00	32058.00					

EXAMPLE 1:

LATE PAYMENTS

REPORT DATE	REPORT DUE	AMOUNT RECEIVED	DAYS LATE	RATE	INTEREST AMOUNT	NOTE REF.
05/08/YYYY	05/29/YYYY	$100,000	31	15%	$1,273.97	1
11/06/YYYY	11/30/YYYY	$1,000,000	7	15%	$2,876.71	2

1. Payment of the $100,000 balance due FCIC on the 05/08/YYYY report, due on 05/29/YYYY, the last banking day of the month, is received on 06/02/YYYY.

2. Payment of the $1,000,000 balance due FCIC on the 11/06/YYYY report, due on 11/30/YYYY, the last banking day in the month, is received on 12/07/YYYY.

EXAMPLE 2:

INTEREST ON OVERPAID INDEMNITIES/UNDERSTATED PREMIUM CASES IDENTIFIED THROUGH REVIEW

DETERMINATION LETTER	OVERPAYMENT AMOUNT	DATE OF APPEAL	DETERMINATION LETTER	INDEMNITY OVERPAYMENT	DAYS	INTEREST RATE	INTEREST DUE	NOTE REF
1/20//YYYY	$10,000	N/A	N/A	02/12/YYYY	26	15%	0.00	1
1/20/YYYY	$15,000	N/A	N/A	04/09/YYYY	100	15%	$616.44	2
1/20/YYYY	$20,000	02/15/YYYY	11/15/YYYY	12/15/YYYY	345	15%	$2,835.62	3

1. The Company is notified of an overpayment in a Final findings by the Regional Compliance Offices letter dated January 20, YYYY. The February 9, YYYY 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 findings by the Regional Compliance Offices letter dated January 20, YYYY. The amount is to be corrected on the February 9, YYYY report. No appeal is filed. No corrections are made until the April 9, YYYY report. Interest is calculated starting with the day after the final findings by the Regional Compliance Offices letter which is January 21, YYYY through the due date of the certified report containing the corrections is submitted, which is April 30, YYYY.

3. Interest begins accruing based on the date of the Final findings by the Regional Compliance Offices letter. Appeals have no affect on delaying the interest computation date. In this example, the company is notified of an overpayment in a Final findings by the Regional Compliance Offices letter dated January 20, YYYY. The company files an appeal on February 15, YYYY. 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, YYYY of the amount due FCIC. Interest is calculated starting with the day after the Final findings by the Regional Compliance Offices letter, which is January 21, YYYY through the due date of the certified report containing the correction is submitted, which is December 31, YYYY.

RO XX
XXXXXX INSURANCE COMPANY
C/0 XXXXX INSURANCE COMPANY
P.O. BOX 999
CITY, STATE 999999999 ID# 99-999999
CURRENT DATE: 2007/10/12

CAT COVERAGE FEES (EXCLUDING BUY-UPS)
REINSURED COMPANY DETAIL REPORT
REINSURANCE YEAR 2007
MONTHLY

CFE001
(ARS4160)

CUTOFF DATE: 2007/10/12

ID-NUMBER	ST	CO	POL#	YR	LOC CTY	CROP CODE	CROP TYPE	A R	PREMIUM	LOSSES	FEE AMOUNT	FEES COLLECTED	FEES WAIVED
999999999	XX	999	999999	YYYY	001	011	001	*	250	-0-	50	-0-	-0-
				YYYY	001	021	001		250	-0-	50	-0-	-0-
				YYYY	001	041	001		250	-0-	-0-	50	-0-
				YYYY	001	051	001		250	-0-	-0-	50	-0-
				YYYY	001	081	001		250	-0-	-0-	-0-	-0-
				YYYY	001	091	001		250	-0-	-0-	-0-	-0-
999999999	XX	999	999999	YYYY	001	011	001		100	-0-	50	-0-	-0-
				YYYY	001	041	001		100	-0-	50	-0-	-0-
				YYYY	001	051	001		100	-0-	-0-	50	-0-
				YYYY	001	081	001	*	100	-0-	-0-	50	-0-
				YYYY	001	091	001		100	-0-	-0-	-0-	-0-
999999999	XX	999	999999	YYYY	001	011	001		227	-0-	50	-0-	-0-
				YYYY	001	041	001		227	-0-	50	-0-	-0-
999999999	XX	999	999999	YYYY	001	011	001		500	-0-	-0-	-0-	50
				YYYY	001	041	001		500	-0-	-0-	-0-	50
				YYYY	001	081	001		500	-0-	-0-	-0-	-0-
999999999	XX	999	999999	YYYY	001	011	001	*	100	-0-	-0-	-0-	50
				YYYY	001	041	001		100	-0-	-0-	-0-	50
2007								-0-	-0-				
2008									4,154	-0-			
2009									-0-	-0-			
GRAND TOTAL XX									4,154	-0-	300	200	200

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

RO XX
XXXXXX INSURANCE COMPANY
P.O. BOX 999
CITY, STATE 999999999 ID# 99-999999
CURRENT DATE: 2007/10/12

CAT COVERAGE FEES
REINSURED COMPANY DETAIL REPORT
REINSURANCE YEAR 2007

CFE002
(ARS4160)

CUTOFF DATE: 2007/10/12

ST	PREMIUM	LOSSES	FEE AMOUNT	FEES COLLECTED	FEES WAIVED
AL	97,973		6,350	50	800
AR	766,621		35,700	600	750
AZ	6,278		1,150	0	0
CA	1,417,706		42,900	2,700	100
CO	1,042,657		68,950	0	350
CT	4,040		50	0	0
DE	9,732		300	0	0
FL	2,787,990		30,250	1,300	0
GA	99,288		13,500	600	50
IA	506		300	0	0
ID	22,714		4,800	150	0
IL	106,843		34,050	200	800
IN	19,288		9,800	50	100
KS	1,115,889		180,100	0	2,100
KY	81,832		9,600	0	1,000
LA	57,674		3,700	100	0
MA	107,293		2,800	0	0
MD	131,040		17,750	0	100
ME	0		50	0	0
MI	16,012		5,700	200	450
MN	1,893		900	0	0
MO	466,378		81,450	300	1,650
MS	47,328		4,000	200	0
MT	144,275		21,350	0	100
NC	600,089		32,600	0	200
ND	3,110		1,350	0	0
NE	160,350		27,300	0	1,150
NJ	19,557		50	0	0
NM	235,521		9,900	0	0
NY	57,754		5,700	200	100
OH	20,716		12,900	300	450
OK	227,635		29,900	50	100
OR	118,883		6,450	0	150
PA	47,171		6,900	0	100
SC	159,652		8,000	1,250	0
2006	305,204				
2007	11,666,278				
2008	343,566				
TOTAL	12,315,048	0	842,350	9,500	13,600

CFE003

RO XX
XXXXXX INSURANCE COMPANY
c/o XXXXX INSURANCE COMPANY
P.O. Box 999
CITY, ST 999999 TAX ID# 999999999

CAT COVERAGE FEES
RECEIVABLE REPORT
REINSURANCE YEAR – 2007

CURRENT DATE/TIME: 10/12/2007 06:25:11 CUTOFF DATE: 10/12/2007

ID_NUMBER	ST	CO	POLICY	CROP YEAR	LOC CNTY	CROP CODE	CROP TYPE	COLLECT PT ID	FEE AMOUNT	ADJ AMOUNT	INTEREST/ PENALTY	COLLECT AMOUNT	BALANCE DUE
000000000	00	000	0000000	0000	000	0000	000	0	100.00	00.00	00.00	00.00	100.00

RO XX
RO NAME
STREET ADDRESS
CITY, ST 99999-9999 TAX ID# 999999999

ADDITIONAL COVERAGE ADMINISTRATIVE FEE SUMMARY REPORT
REINSURANCE YEAR - 2007
MONTHLY

ACA001
(ARS4150)

CURRENT DATE/TIME: 10/12/2007 01:01:01 CUTOFF DATE: 10/12/2007

STATE	2007 JAN	2007 APR	2007 MAY	2007 JUN	2007 JUL	2007 AUG	2007 SEP	2007 OCT	2007 NOV	2007 DEC	2008 JAN	2008 MAR	FEES PREPAID	TOTAL
AR	0	0	0	0	0	0	0	0	0	0	0	0		0
GA	0	0	0	0	0	0	0	0	0	0	0	0		0
IA	0	0	0	0	0	0	0	0	0	0	0	0		0
ID	0	0	0	0	0	0	0	0	0	0	0	0		0
IL	0	0	0	0	0	0	0	0	0	0	0	0		0
IN	0	0	0	0	0	0	0	0	0	0	0	0		0
KS	0	0	0	0	0	0	0	0	0	0	0	0		0
MI	0	0	0	0	0	0	0	0	0	0	0	0		0
MN	0	0	0	0	0	0	0	0	0	0	0	0		0
MO	0	0	0	0	0	0	0	0	0	0	0	0		0
ND	0	0	0	0	0	0	0	0	0	0	0	0		0
NM	0	0	0	0	0	0	0	0	0	0	0	0		0
OH	0	0	0	0	0	0	0	0	0	0	0	0		0
SD	0	0	0	0	0	0	0	0	0	0	0	0		0
TX	0	0	0	0	0	0	0	0	0	0	0	0		0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0		0

TOTAL *0*
WAIVED 0
GRAND 0

RO XX
XXXXXX INSURANCE COMPANY
C/O XXXXX INSURANCE COMPANY
P.O. BOX 999
CITY, STATE 999999999 ID# 99-999999
CURRENT DATE: 2007/10/12

FCIC REINSURANCE RUN
REINSURANCE YEAR 2007

FR7YY40M

CUTOFF DATE: 2007/10/12

STATE/RECAP	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
AL	OTHER COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	OTHER DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	OTHER ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPOMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	REVENUE COMMERCIAL	9.9	9,999,999	99,999	9,999	.9
	REVENUE DEVELOPMENTAL	9.9	999,999,999	999,999	99,999	9.9
	REVENUE ASSIGNED RISK	.9	9,999,999	99,999	9,999	.9
	SUBTOTAL 1		999,999,999	999,999	99,999	9.9

(CONTINUED)

RO XX
XXXXXX INSURANCE COMPANY
C/0 XXXXX INSURANCE COMPANY
P.O. BOX 999
CITY, STATE 999999999 ID# 99-999999

FCIC REINSURANCE RUN
REINSURANCE YEAR 2007

CURRENT DATE: 2007/10/12 CUTOFF DATE: 2007/10/12

STATE/RECAP	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
RO RECAP	OTHER COMMERCIAL	99.9	99,999,999	999,999	99,999	9.9
	OTHER DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	OTHER ASSIGN RISK	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPOMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT ASSIGN RISK	9.9	999,999,999	999,999	99,999	9.9
	REVENUE COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	REVENUE DEVELOPMENTAL	9.9	9,999,999	99,999	9,999	.9
	REVENUE ASSIGN RISK	9.9	9,999,999	99,999	9,999	.9
	SUBTOTAL 1		999,999,999	999,999	99,999	9.9
	OTHER COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	OTHER DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	REVENUE COMMERCIAL	.9	999,999,999	999,999	99,999	9.9
	REVENUE DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	ASSIGN RISK	9.9	9,999,999	99,999	9,999	.9
	REVISED SUBTOTAL 1		999,999,999	99,999	99,999	9.9
	OTHER COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	OTHER DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	REVENUE COMMERCIAL	9.9	999,999,999	999,999	99,999	9.9
	REVENUE DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	ASSIGN RISK	9.9	9,999,999	99,999	9,999	.9
	RETAINED SUBTOTAL 2		999,999,999	999,999	99,999	9.9

(CONTINUED)

RO XX
XXXXXX INSURANCE COMPANY
C/0 XXXXX INSURANCE COMPANY
P.O. BOX 999
CITY, STATE 999999999 ID# 99-999999

FCIC REINSURANCE RUN
REINSURANCE YEAR 2007

CURRENT DATE: 2007/10/12 CUTOFF DATE: 2007/10/12

STATE/COUNTY/CROP	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
RO RECAP	OTHER COMMERICAL	9.9	999,999,999	999,999	99,999	9.9
	OTHER DEVELOPMENTAL	.9	9,999,999	99,999	9,999	.9
	CAT COMMERCIAL	9.9	9,999,999	99,999	9,999	.9
	CAT DEVELOPMENTAL	9.9	9,999,999	99,999	9,999	.9
	REVENUE COMMERCIAL	9.9	9,999,999	99,999	9,999	.9
	REVENUE DEVELOPMENTAL	9.9	9,999,999	99,999	9,999	.9
	ASSIGN RISK	9.9	9,999,999	99,999	9,999	.9
	RETAINED SUBTOTAL 3		999,999,999	999,999	99,999	9.9
	OTHER COMMERCIAL			999,999,999	999,999	
	OTHER DEVELOPMENTAL			9,999,999	99,999	
	CAT COMMERCIAL			9,999,999	99,999	
	CAT DEVELOPMENTAL			9,999,999	99,999	
	REVENUE COMMERCIAL			9,999,999	99,999	
	REVENUE DEVELOPMENTAL			9,999,999	99,999	
	ASSIGN RISK			9,999,999	99,999	
	SUBTOTAL 4			999,999,999	999,999	
	OTHER COMMERCIAL GAIN/LOSS			999,999,999		
	CAT COMMERCIAL GAIN/LOSS			9,999,999		
	REVENUE COMMERCIAL GAIN/LOSS			999,999		
	OTHER DEVELOPMENTAL GAIN/LOSS			999,999,999		
	CAT DEVELOPMENTAL GAIN/LOSS			9,999,999		
	REVENUE DEVELOPMENTAL GAIN/LOSS			999,999		
	ASSIGN RISK GAIN/LOSS			9,999		
	STATE GAIN/LOSS			999,999		
	RESERVE FOR LOSSES			999,999		
	RESERVE FOR LOSSES APPLIED			9		
	RESERVE FOR LOSSES BALANCE			999,999		

RECONCILIATION REDUCTION WORKSHEET
REINSURANCE YEAR 2007
MONTHLY SETTLEMENT

2007/10/12 CUTOFF DATE: 2007/10/12

PREMIUM:	PREMIUM DISCREPANCIES (GRP/GRIP)	.00
	PREMIUM DISCREPANCIES (REVENUE HARV. OPT.)	29,568.32
	PREMIUM DISCREPANCIES (OTHER)	65,979.41
	TOTAL PREMIUM REDUCTION	95,547.73
PAIDS:	PAID DISCREPANCIES	.00
	TOTAL PAID REDUCTION	.00
LOSSES:	LOSS DISCREPANCIES	.00
	TOTAL LOSS REDUCTION	.00
TOTAL RECONCILIATION REDUCTION		95,547.73

NON-CAT SUBSIDY FACTOR .56848578

RECONCILIATION REDUCTION WORKSHEET
REINSURANCE YEAR 2007
ANNUAL SETTLEMENT

2007/10/12 CUTOFF DATE: 2007/10/12

PREMIUM:	PREMIUM DISCREPANCIES (GRP/GRIP)	6,666.00
	PREMIUM DISCREPANCIES (REVENUE HARV. OPT.)	.00
	PREMIUM DISCREPANCIES (OTHER)	.00
	TOTAL PREMIUM REDUCTION	6,666.00
LOSSES:	LOSS DISCREPANCIES	5,555.55
	TOTAL LOSS REDUCTION	5,555.55
TOTAL RECONCILIATION REDUCTION		12,221.55

NON-CAT SUBSIDY FACTOR .38110441

RECONCILIATION WORKSHEET
DISCREPANCIES BY POLICY - PREMIUM
MONTHLY REPORT
REINSURANCE YEAR 2007

2007/10/12 MONTHLY PROCESSING DATE: 2007/10/12

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

RECONCILIATION WORKSHEET
DISCREPANCIES BY POLICY – LOSS
MONTHLY REPORT
REINSURANCE YEAR 2007

2007/10/12 MONTHLY PROCESSING DATE: 2007/10/12

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

RECONCILIATION WORKSHEET
DISCREPANCIES BY POLICY – PAID
MONTHLY REPORT
REINSURANCE YEAR 2007

2007/10/12 MONTHLY PROCESSING DATE: 2007/10/12

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

RECONCILIATION WORKSHEET
DISCREPANCIES BY POLICY – LOSS-CREDITS
MONTHLY REPORT
REINSURANCE YEAR 2007

2007/10/12 MONTHLY PROCESSING DATE: 2007/10/12

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

RO
XXXXXXXX
XXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

FCIC ADMINISTRATIVE REDUCTION REPORT
FOR LATE FILED SALES DATA
REINSURANCE YEAR 2007

PAGE:

PGM NAME

CURRENT DATE: 10/12/2007 11:11:30 CUTOFF DATE: 10/12/2007

RO	ST	CO	POLICY	LOC CTY	CROP CODE	CROP TYPE	NET BOOK PREMIUM	REDUCED AMOUNT 1.0%	3.0%	6.0%	TOTAL REDUCED AMOUNT
XX	OK	999	9999999	000	0011	998	100			3.00	3.00
STATE TOTALS OK								0.00	0.00	3.00	3.00
	TX	999	9999999	000	0011	998	10,000	100.00			100.00
STATE TOTALS TX								100.00	0.00	0.00	100.00
GRAND TOTALS								100.00	0.00	3.00	103.00

	TOTALS
TOTAL 1.0%	100.00
TOTAL 3.0%	0.00
TOTAL 6.0%	3.00
GRAND TOTAL	103.00

FCIC SUMMARY REPORT (MONTHLY)
(PREMIUM DUE WITHOUT PAYMENTS WORK SHEET)
REINSURANCE YEAR 2007

PDW
(ARS4230)

RO XX
SOME REINSURANCE COMPANY
C/O INSURANCE COMPANY
P.O. BOX 999
YOUR CITY, ST 999999999 ID# 99-9999999
CURRENT DATE: 2007/10/12 CUTOFF DATE: 2007/10/12

MONTH		(A) CURRENT REPORT	(B) PREVIOUS PEAK	(C) RPT DATE OF PEAK	(D) INC OF PREM DUE WO PAYM	(E) NBR DAYS INTEREST	(F) INTEREST DUE (%)(D)(E)	(H) TOTAL OF INTEREST (-F)
JANUARY	2007			_____	_____	_____	_____	
MARCH	2007	0	0	_____	_____	_____	_____	
MAY	2007	_____	_____	_____	_____	_____	_____	
JULY	2007	_____	_____	_____	_____	_____	_____	
OCTOBER	2007	_____	_____	_____	_____	_____	_____	
JANUARY	2008	_____	_____	_____	_____	_____	_____	
TOTAL								

EXAMPLE 3:

PREMIUM DUE WITHOUT (W/O) PAYMENTS

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

FCIC SUMMARY REPORT (MONTHLY)
(PREMIUM DUE WORK SHEET)
REINSURANCE YEAR 2007

PDW
(ARS4230)

RO XX
SOME REINSURANCE COMPANY
C/O INSURANCE COMPANY
P.O. BOX 999
YOUR CITY, ST 999999999 ID# 99-9999999
CURRENT DATE: 2007/10/12 CUTOFF DATE: 2007/10/12

		(A) INS'DS PREM DUE	(B) PREM PAID BY CO.	(C) PREM UNPAID (A-B)	(D) PREV MONTH UNPAID	(E) NBR DAYS INTEREST	(F) INTEREST DUE (%)(D)(E)	(H) TOTAL OF WORKSHEET (-B-F)
MONTH								
JANUARY	2007			_____	_____	_____	_____	_____
MARCH	2007	0	0	_____	_____	_____	_____	_____
MAY	2007	_____	_____	_____	_____	_____	_____	_____
JULY	2007	_____	_____	_____	_____	_____	_____	_____
OCTOBER	2007	_____	_____	_____	_____	_____	_____	_____
JANUARY	2008	_____	_____	_____	_____	_____	_____	_____
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)	(H) TOTAL OF WORKSHEET (-B-F)	NOTE REF
11/DD/YYYY	OCTOBER/YYYY	$3,000,000	$0	$3,000,000	$0	0	$000	$0.00	1
12/DD/YYYY	OCTOBER/YYYY	$2,2000,000	$0	$2,200,000	$3,000,000	61	$75,205.48	$75,205.48	2
01/DD/YYYY	OCTOBER/YYYY	$1,500,000	$0	$1,500,000	$2,200,000	31	$28,027.40	$28,027.40	3
02/DD/YYYY	OCTOBER/YYYY	$750,000	$0	$750,000	$1,500,000	28	$17,260.27	$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/YYYY through 12/31/YYYY.

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/YYYY through 01/31/YYYY.

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/YYYY through 02/28/YYYY. 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)	(H) TOTAL OF WORKSHEET (-B-F)	NOTE REF
11/DD/YYYY	OCTOBER/YYYY	3,000,000	3,000,000	0	0	0	0	-3,000,000	1
12/DD/YYYY	OCTOBER/YYYY	-2,000,000	-2,000,000	0	0	0	0	+2,000,000	2
01/DD/YYYY	OCTOBER/YYYY	-500,000	-500,000	0	0	0	0	+500,000	3
02/DD/YYYY	OCTOBER/YYYY								4

1. PREMIUM WITH OCTOBER BILLING IS PAID BY COMPANY ON THE 11/DD/YYYY OPERATIONS REPORT.

2. COMPANY HAS MADE COLLECTIONS OF OCTOBER PREMIUM WHICH ARE REFLECTED IN THE APAIDS@ ON THE OPERATIONS REPORT. THIS RESULTS IN A NEGATIVE PREMIUM DUE (COLUMN A).

3. COMPANY HAS MADE ADDITIONAL COLLECTIONS OF OCTOBER PREMIUM.

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:

Field	Content
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-nnn 3-digit ALC

-OR-

BNF-/AC-nnnn 4-digit ALC

-OR-

BNF-/AC-nnnnnnnn 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)

ESCROW REGISTER
REINSURED COMPANY NAME
ESCROW ACCOUNT #99999
01/01/XXXX 08:00

Total Requested Amount	21,000.00
Previous Requested Amount	.00
Receivable Amount	.00
Payment Amount	21,000.00

State	Policy Issuing Company	Policy Number	Name	Claim Number	Requested Amount	Previous Amount	Payable Amount
02	500	123456	Producer 1	1111	1,000.00	0.00	1,000.00
02	500	234567	Producer 2	2222	2,000.00	0.00	2,000.00
02	500	345678	Producer 3	3333	3,000.00	0.00	3,000.00
02	500	456789	Producer 4	4444	4,000.00	0.00	4,000.00
02	500	678901	Producer 5	5555	5,000.00	0.00	5,000.00

Previous Y-T-D 1999 Total	74,000.00
Reinsurance Year 1999 Total	15,000.00
Cumulative Y-T-D Total	**89,000.00**

02	500	456789	Producer 6	6666	6,000.00	0.00	6,000.00

Previous Y-T-D 2000 Total	10,000.00
Reinsurance Year 2000 Total	6,000.00
Cumulative Y-T-D Total	**16,000.00**

ESCROW REGISTER
REINSURED COMPANY NAME
ESCROW ACCOUNT #99999
01/01/XXXX 08:00

Total Requested Amount	21,000.00
Previous Requested Amount	.00
Receivable Amount	.00
Payment Amount	21,000.00

Previous Y-T-D Total	74,000.00
Reinsurance Year 1999 Total	15,000.00
Cumulative Y-T-D Total	**89,000.00**

Previous Y-T-D Total	10,000.00
Reinsurance Year 2000 Total	6,000.00
Cumulative Y-T-D Total	16,000.00

FCIC LIVESTOCK DETAIL REPORT
REINSURANCE YEAR - 2007
MONTHLY

TAX ID#

CURRENT DATE/TIME: MM/DD/YYYY HH:MM:SS CUTOFF DATE: MM/DD/YYYY

ST	CO	POLICY	CROP YR	NAME	PREMIUM	SUBSIDY	INDEMNITY
XX	999	999999	YYYY	DOE, J	6,613	3,637	0
XX	999	999999	YYYY	DOE, JO	13,092	7,725	0
XX	999	999999	YYYY	DOE, JON	3,394	2,002	0
XX	999	999999	YYYY	DOE, JOHN	8,626	5,089	0
XX	999	999999	YYYY	DOE, JESS	1,008	554	0
XX	999	999999	YYYY	DOE, SALLY	4,270	2,518	0
XX	999	999999	YYYY	DOE, JAN	1,762	1,040	0
XX	999	999999	YYYY	DOE, JANE	3,304	1,949	0
XX	999	999999	YYYY	DOE, JODY	2,664	1,572	0
XX	999	999999	YYYY	DOE, RICH	2,121	1,251	0
XX	999	999999	YYYY	DOE, JACK	707	417	0
XX	999	999999	YYYY	DOE, BOB	8,354	4,930	0
TOTAL					55,915	32,684	0

RO

FCIC LIVESTOCK OPERATIONS REPORT
REINSURANCE YEAR - 2007
MONTHLY

PAGE 1
LRCP001

TAX ID#

CURRENT DATE/TIME: MM/DD/YYYY HH:MM:SS CUTOFF DATE: MM/DD/YYYY

****

	PREMIUM	SUBSIDY	LOSSES
LIVESTOCK	XXX,XXX	XXX,XXX	XXX,XXX

****

	DUE COMPANY	DUE FCIC
NET A & O SUBSIDY (24.5%)	XXX,XXX.XX	
COMPANY PREVIOUS PAYMENT	XXX,XXX.XX	
FCIC INTEREST PAID	XXX,XXX.XX	
LITIGATION EXPENSE	XXX,XXX.XX	
FCIC PREVIOUS PAYMENT		XXX,XXX.XX
FCIC INTEREST /PENALTY		XXX,XXX.XX
FCIC DET OVERPAID		XXX,XXX.XX
LIVESTOCK SETTLEMENT	XXX,XXX.XX	XXX,XXX.XX
BALANCE DUE COMPANY/FCIC	XXX,XXX.XX	XXX,XXX.XX

****

CERTIFIED CORRECT

_____ _____ _____

NAME TITLE DATE

NOTE: ANY FALSE CERTIFICIATION 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

LIVESTOCK SETTLEMENT REPORT

REINSURANCE YEAR 2007

TAX ID#

CURRENT DATE/TIME: **MM/DD/YYYY** **CUTOFF DATE:** **MM/DD/YYYY**

Fund	Retention %	Total Premium	Prod Prem	Subsidy	Loss	Loss Ratio	Gain/(Loss)
Commercial LRP		64,410	56,037	8,373	200,000	310.5%	
Commercial LGM		64,410	64,410	0	400,000	621.0%	
Private Market LRP		28,250	24,577	3,673	122,000	431.9%	
Private Market LGM		28,250	28,250	0	50,000	177.0%	
Net Book Totals		185,320	173,274	12,046	772,000	416.6%	
Commercial LRP	**90%**	57,969	50,433	7,536	180,000	310.5%	
Commercial LGM	**90%**	57,969	57,969	0	360,000	621.0%	
Private Market LRP	**80%**	22,600	19,662	2,938	97,600	431.9%	
Private Market LGM	**80%**	22,600	22,600	0	40,000	177.0%	
Retained Totals		161,138	150,664	10,474	677,600	420.5%	
Commercial LRP		57,969	50,433	7,536	96,258	166.1%	
Commercial LGM		57,969	57,969	0	107,243	185.0%	
Private Market LRP		22,600	19,662	2,938	97,600	431.9%	
Private Market LGM		22,600	22,600	0	40,000	177.0%	
Company Share After Stop Loss		161,138	150,664	10,474	341,101	211.7%	(179,963)
Commercial LRP		6,441	5,604	837	103,742	1610.7%	
Commercial LGM		6,441	6,441	0	292,757	4545.2%	
Private Market LRP		5,650	4,915	735	24,400	431.9%	
Private Market LGM		5,650	5,650	0	10,000	177.0%	
Total 4 (FCIC Share)		24,182	22,610	1,572	430,899	1781.9%	(406,717)

	Due Company	**Due FCIC**
Subsidy	10,474	
Losses Due From FCIC	430,899	
Prem Due FCIC		22,610
Reinsurance Prem Due FCIC		5,217
Subtotal	441,373	27,827
Livestock Adjustment	413,546	0

Table No. 1: CY 2007 Pilot Crops

CROPS			PLAN		Comment
	Name	Code	Name	Code	
1	Forage Seed (alfalfa)	0107	APH	90	Approved for graduation
2	All Other Citrus Trees	0211	TDO	40	Florida (new FFT pilot)
3	Avocado	0019	ARC	46	California
4	Avocado	0019	APH	90	Florida
5	Avocado Trees	0212	TDO	40	Florida (new FFT pilot)
6	Barley	0091	IP	42	
7	Cabbage	0072	GYC	86	
8	Carambola Trees	0213	TDO	40	Florida (new FFT pilot)
9	Cherry	0057	FD	51	
10	Chili Pepper	0045	FD	51	Approved for graduation
11	Clams	0116	AQ-DOL	43	
12	Corn	0041	IP	42	
13	Corn	0041	IIP	45	
14	Cotton	0021	IP	42	
15	Cultivated Wild Rice	0055	APH	90	
16	Grain Sorghum	0051	IP	42	
17	Grapefruit Trees	0208	TDO	40	Florida (new FFT pilot)
18	GRP Rangeland	0048	GRP	12	
19	Lemon Trees	0209	TDO	40	Florida (new FFT pilot)
20	Lime Trees	0210	TDO	40	Florida (new FFT pilot)
21	Mango Trees	0214	TDO	40	Florida (new FFT pilot)
22	Mint	0074	APH	90	
23	Multiple Crops	----	AGR	63	
24	Mustard	0069	APH	90	
25	Navel Oranges	0215	FD	51	California
26	Orange Trees	0207	TDO	40	Florida (new FFT pilot)
27	Silage Sorghum	0059	I-APH	96	
28	Soybean	0081	IP	42	
29	Soybean	0081	IIP	45	
30	Strawberries	0110	FD	51	
31	Sweetpotatoes	0085	APH-AR	92	
32	Wheat	0011	IP	42	
33	Pasture, Rangeland & Forage (PRF)	0088	PRF-RI (Rainfall Index)	13	
34	Pasture, Rangeland & Forage (PRF)	0088	PRF-VI (Vegetative Index)	14	
35	Banana	0255	APH	90	Hawaii Tropical Fruit
36	Coffee	0256	APH	90	Hawaii Tropical Fruit
37	Papaya	0257	APH	90	Hawaii Tropical Fruit

38	Banana Tree	0265	TDO	40	Hawaii Tropical Tree
39	Coffee Tree	0266	TDO	40	Hawaii Tropical Tree
40	Papaya Tree	0267	TDO	40	Hawaii Tropical Tree

Notes: 1. Crop policies originally approved via the 508(h) mechanism are not considered pilots. Thus, CRC, RA, GRIP, and AGR-Lite are not considered pilots.

2. Crop policies that are not themselves pilots do not become pilots by the attachment of a pilot option. (See Table No.2 for a list of pilot options.)

Table No. 2: CY 2007 Pilot Options

Crops		Option		Comments
		Name	Code	
1	Onions	Stage Removal	NS	
2	Sugar Beets	Stage Removal	NS	
3	Nursery	Grower's Price Endorse	PO	
4	Apple	Quality, Fancy	QF	Pending Board approval for '07
5	Apple	Quality, Other	QP	Pending Board approval for '07
6	TX Citrus Trees	Coverage Enhance Opt	CEO	Authorized through CY2008

Table No. 3: Pilot Programs Planned For CY 2007

CROPS			PLAN		Comment
	Name	Code	Name	Code	
1	Coffee Trees		TDO	40	
2	Banana Trees (plants)		TDO	40	
3	Papaya Trees		TDO	40	
4	Coffee Fruit (berry)		APH	90	
5	Banana Fruit		APH	90	
6	Papaya Fruit		APH	90	
7	Pasture, Rangeland & Forage (PRF)	0088	PRF-RI (Rainfall Index)	13	
8	Pasture, Rangeland & Forage (PRF)	0088	PRF-VI (Vegetative Index)	14	

Table No. 4: Discontinued Pilots (partial list)

CROPS			PLAN		Comment
	Name	Code	Name	Code	
	Fresh Market Beans	0105	DO	50	
	Winter Squash		DO	50	
	Cucumber				
	Raspberry and Blackberry	0108	FD	51	
	All crops terminated except TX Cit Trees		CEO		Coverage Enhancement Option