June 30, 2009	Exhibit 12	FCIC-Appendix III				
(PAYMENT RECORD – TYPE 12)						
	Format/Edits					

1 Record Type 1 2 9(02) Required. Must be 12. 2 Approved Insurance 7 2 7(02) Required. Edit with AIP/Company table. 3 Location State 5 2 9(02) Required. Edit with FIPS State table. 4 Company 7 3 9(03) For Reinsured edit with company table; for FSA edit with the county table. Must be valid Pic code for reinsurance year. 5 Policy Number 10 7 9(07) Required. Must be > zeros. 6 Crop Year 17 4 9(04) Required. Must be the crop year of the crops reported under the policy. This will equal the Reinsurance Year or Reinsurance Year +/- 1 for applicable crop code. 7 Type 12 Key Reserve 21 55 X(55) Space Reserved for Additional key data required in the future or for other record types. 8 Record Number 76 3 9(03) Must be > 000 and unique within a policy. 9 Payment Type 79 2 X(02) Must be one of the following: 100' = Paid by Insured 102' = CAT fees paid after crop termination 103' = Reversal of CAT fees paid (02) 104' = State Subsidy - If '04' must also Submit T11 Record.		T	T	1 ~.	T	
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'04' = State Subsidy – If '04' must also Submit T11 Record.						
Submit T11 Record.						
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'05' = Producer Premium Payment from a						'05' = Producer Premium Payment from a
Livestock Indemnity						
'06' = AMA Additional Subsidy – If '06' must						
also submit T13 Nursery Record						also submit T13 Nursery Record

June 30, 2009	Exhibit 12	FCIC-Appendix III				
(PAYMENT RECORD – TYPE 12)						
	Format/Edits					

Field	Field Name	Begin	Size	Picture	Field Edits
No.		Pos			

10 Paid Amount 81 12 S9(10)V9(02) Required; Edit as follows:

If Payment Type = 00, then enter the premium amount paid by the insured.

If Payment Type = 02, then enter amount of CAT fees collected, including interest, AFTER the crop termination date. The paid amount cannot exceed the total receivable amount reported on the 65 record. The paid amount is cumulative.

If Payment Type = 03, then enter the amount of CAT fees reversal. Amount must be same as 02 reported.

If Payment Type = 04, then enter the amount of the state subsidy calculated as follows: (Projected Billed Amount * Pro-ration Factor). Pro-ration factor for Pennsylvania = 1.0 Pro-ration factor for Delaware = .9032.

If the Aggregated Projected Billed Amount (Total Aggregated Producer Premium accepted by DAS by the RY2007 December Accounting Cut-Off Date) exceeds the maximum amount state subsidy authorized by a state; a pro-ration factor is determined by RMA. RY2007 Pro-ration factor for Delaware was determined as follows: (\$600,000/\$664,288.92=.9032)

If Payment Type = 05, then enter amount of livestock indemnity applied to producer premium.

The sum of all paid amounts for a policy must be  $\geq$  zero.

## Note:

Fees and related interest are not included in Payment Type = '00' or '05'. For example, no \$30 or \$100 administrative fees should be included in the paid amount.

1 20 2000	E 1717-10	ECIC A 1' III					
June 30, 2009	Exhibit 12	FCIC-Appendix III					
(PAYMENT RECORD – TYPE 12)							
	Format/Edits						

Field	Field Name	Begin	Size	Picture	Field Edits
No.	Tield Ivallie	Pos	Size	Ficture	Field Edits
			1		1
	D . E	0.2		0(01)	X6.1
11	Prepayment Flag	93	1	9(01)	If the payment record is submitted before any Type 11 or 13 Records are submitted for the
					policy and the paid amount is greater than
					zero, the flag must be $= 1$ . Otherwise the flag
					must equal zero.
12	Paid Date	94	8	9(08)	The date of payment; must be $\leq$ the current
					date. Must be a valid date if the payment type = '00', '02', '03' or '05' and the paid amount
					is > zero. If 02, must be > Debt Delinquency
					Date. If 03 date must be same as 02. Date
					format must be MMDDCCYY.
13	Payment/Credit Memo	102	8	9(08)	Internal Use. The transaction sequence number
	Parent Transaction Sequence Number				of the type 20 record that caused this type 12 record to be created as a Payment/Credit
	bequence rumber				memo.
14	Payment/Credit Memo	110	18	X(18)	Internal Use. The contract number of the type
	Parent Contract Number				20 record that caused this type 12 record to be
1.5	CATELLE	120	0	<b>V</b> (00)	created as a Payment/Credit memo.
15	CAT Fee Payment Validation Flag	128	8	X(08)	Internal Use.
16	Filler	136	415	X(415)	Must be Spaces.
17	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch
					file was received. (From when transmission
10	TOTA A LA		0	0 (00)	started) HHMM Format.
18	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission
					started) MMDDCCYY Format.
19	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY
					format.
20	Batch Number	567	4	9(04)	Internal Use. The sequential number
					identifying the file that was submitted by the RO to FCIC/RMA.
21	Transaction Sequence	571	8	9(08)	Internal Use. The sequential number assigned
21	Number	371	O	)(00)	to each transaction number processed by DAS
					after it has been sorted.
22	Transaction Rejected Flag	579	1	X(01)	Internal. Reserved
23	Transaction Source Flag	580	1	X(01)	Internal. Reserved
24	Filler	581	20	X(20)	Internal.