June 30, 2009

Field

No.

Exhibit 56 (LOSS ADJUSTER DATA – TYPE 56) Format/Edits FCIC-Appendix III

| | | - , | | |
|------------|-------|------|---------|-------------|
| | | | | |
| Field Name | Begin | Size | Picture | Field Edits |
| | Pos | | | |

| 1 | Record Type | 1 | 2 | 9(02) | Required. Must be 56. |
|----|--------------------------------|-----|----|-------|---|
| 2 | Approved Insurance Provider | 3 | 2 | X(02) | Required. Edit with AIP/Company table. |
| 3 | Active Flag | 5 | 1 | X(01) | Required for all records. Must be: Y = Yes, Active |
| 4 | Inactive Date | 6 | 8 | 9(08) | N = No, Inactive. Nothing else acceptable. If field #3 = Y, Zero fill. If 'N' Must be: MMDDCCYY format. Not greater than current date. |
| 5 | Filler | 14 | 2 | X(02) | Must be Spaces. |
| 6 | Reinsurance Year | 16 | 4 | 9(04) | Must be 2007 for the 2007 Reinsurance Year. |
| 7 | Filler | 20 | 1 | X(01) | Must be Spaces. |
| 8 | Adjuster ID | 21 | 9 | X(09) | Required for all records. AIP issued identification number for loss adjuster. A loss adjuster ID can only reference one SSN. Must be left justified. Cannot be spaces. |
| 9 | Adjuster Last Name | 30 | 20 | X(20) | Required for all records. Last name of the adjuster. Must be left justified beginning in the first position. Alpha including $(-)$, $(.)$, $()$, $()$, $()$, $()$, $()$. |
| 10 | Adjuster First Name | 50 | 10 | X(10) | Required. First name of the adjuster. Must not be blank. Must be left justified beginning in first position. Alpha including (-), (.), (), ('), (.). |
| 11 | Adjuster Middle Name | 60 | 10 | X(10) | Middle name of the loss adjuster. Must be left justified beginning in first position. Alpha including (-), (.), (), ('), (,). |
| 12 | Adjuster Suffix | 70 | 5 | X(05) | Name suffix of the loss adjuster (i.e. Sr, Jr, etc.) Must be left justified beginning in first position. Alpha including $(-)$, $(.)$, $(.)$, $(.)$, $(.)$, |
| 13 | Adjuster Title | 75 | 4 | X(04) | Name title of the loss adjuster (i.e. Dr, Mr, etc.) Must be left justified beginning in first position. Alpha including $(-)$, $(.)$, $(.)$, $(.)$, $(.)$, $(.)$, |
| 14 | Adjuster Address | 79 | 35 | X(35) | Required for all records. Must be left justified beginning in the first position. Enter location or street address. Do not enter post office box. Alphanumeric including (-), (,), (.), (), (&), (%), (#), (/). |
| 15 | City | 114 | 35 | X(35) | Required for all records. Must be left justified. If state code eq "ZZ", enter foreign city and country. |
| 16 | Address County | 149 | 3 | 9(03) | Required for all records. Edit with county table. Must be valid for zip code. |
| 17 | Address State | 152 | 2 | X(02) | Required for all records. Must be valid alpha state abbreviation for zip code. If foreign country enter "ZZ". |

June 30, 2009

| Exhibit 56 |
|--------------------------------|
| (LOSS ADJUSTER DATA – TYPE 56) |
| Format/Edits |

FCIC-Appendix III

| Field Field Name Begin Size Picture Field Edits | | | | | | |
|---|-------|------------|-------|------|---------|-------------|
| | Field | Field Name | Begin | Size | Picture | Field Edits |
| 10. 108 | No. | | Pos | | | |

| 18 | Zip Code | 154 | 5 | 9(05) | Required for all records. Must be valid zip code. Must be zeros if state eq "ZZ". |
|----|--|-----|-----|--------|--|
| 19 | Zip Extension | 159 | 4 | 9(04) | Optional; if reported must be valid for zip code, state, county and city. |
| 20 | Phone Number | 163 | 10 | 9(10) | Required for all records. Must be left justified with no hyphens, parentheses, or special characters. |
| 21 | Filler | 173 | 64 | X(64) | Must be Spaces. |
| 22 | Adjuster SSN | 237 | 9 | 9(09) | Required. Valid SSN for the Loss Adjuster. Edited in ITS (pre DAS edit). |
| 23 | Filler | 246 | 89 | X(89) | Must be Spaces. |
| 24 | SSN Validation Flag | 335 | 2 | X(02) | Internal Use. Positions 335 – 336 will contain the SSN validation flag. |
| 25 | Ineligible Tracking Validation Flag | 337 | 8 | X(08) | Internal Use. Reserved. |
| 26 | Annual Review Date | 345 | 8 | 9(08) | Reserved. Zero fill. |
| 27 | Filler | 353 | 198 | X(198) | Must be spaces. |
| 28 | FCIC Control Time | 551 | 4 | 9(04) | Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format. |
| 29 | FCIC Control Date | 555 | 8 | 9(08) | Internal Use. The date the transaction batch file was received. (From when transmission started) MMDD CCYY Format. |
| 30 | Reinsurance Year | 563 | 4 | 9(04) | Internal Use. The Reinsurance Year. CCYY format. |
| 31 | Batch Number | 567 | 4 | 9(04) | Internal Use. The sequential number identifying the file that was submitted by the AIP to FCIC/RMA. |
| 32 | Transaction Sequence Number | 571 | 8 | 9(08) | Internal Use. The sequential number assigned to each transaction number processed by DAS <u>after it has been sorted</u> . |
| 33 | Transaction Rejected Flag | 579 | 1 | X(01) | Internal Use. Reserved. |
| 34 | Transaction Source Flag | 580 | 1 | X(01) | Internal Use. Reserved. |
| 35 | FCIC Initially Accepted Date | 581 | 8 | 9(08) | Internal Use. The date this record was initially accepted by DAS. MMDDCCYY format. |
| 36 | Filler | 589 | 12 | X(12) | Internal Use. |

Note:

A 56 record must be accepted for the AIP and Loss Adjuster SSN before a 21 or 22 record will be accepted.

Names (fields 9, 10, 11) cannot contain numeric values or special characters such as & or *, however "- and '" would be acceptable.