

RO XX  
 RO TAX ID: 999999999  
 Reinsured Company Name  
 C/O MGA  
 Street Address,  
 City, ST 99999-9999  
 CURRENT DATE : 10/10/2008 07.26.16 CUTOFF DATE : 10/10/2008

FCIC OPERATIONS REPORT  
 REINSURANCE YEAR - 2009  
 MONTHLY

PAGE: 1  
 RCP001-C

	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	DUE FCIC
(L/R = .0000 )			
a.NET EXPENSE REIMBURSEMENT		.00	
b.NET CONTINGENCY FUND			.00
c.PREMIUM COLLECTED	.00		.003
d.ESCROW AND DRAFTS		.00	
e.LOSS DEDUCTIONS (F,R,O)	.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.SUBTOTAL		.00	.00
s.TOTAL FROM CURRENT WORKSHEET		.00	.00
t.BALANCE DUE COMPANY/FCIC			.00

ESCROW REIMBURSEMENT

u.PREVIOUS ESCROW FUNDED			.00
v.LESS DRAFTS ISSUED (ESCROW)			.00
w.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  
 RO TAX ID: 999999999  
 Reinsured Company Name  
 C/O MGA  
 Street Address,  
 City, ST 99999-9999  
 CURRENT DATE : 10/10/2008 07.26.16 CUTOFF DATE : 10/10/2008

FCIC INSTALLMENT REPORT  
 REINSURANCE YEAR - 2009

PAGE: 1  
 INS001

	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 (7.0%)	9,999,999		.00
NET EXPENSE REIMBURSEMENT			.00

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FCIC OPERATIONS REPORT  
 REINSURANCE YEAR - 2009  
 ANNUAL

PAGE: 1  
 RCP002-C

	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	DUE FCIC
(L/R = .0000 )					
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.SUBTOTAL				.00	.00
u.TOTAL FROM CURRENT WORKSHEET				.00	.00
v.BALANCE DUE COMPANY/FCIC					.00

ESCROW REIMBURSEMENT

w.PREVIOUS ESCROW FUNDED					.00
x.LESS DRAFTS ISSUED (ESCROW)					.00
y.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  
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REINSURANCE COMPANY NAME  
C/O MGA  
Street Address,  
CITY, STATE 99999-9999  
CURRENT DATE : 10/10/2008 07.26.16

FCIC ADMINISTRATIVE FEE REPORT  
REINSURANCE YEAR 2009  
(MONTHLY)

FEE002

CUTOFF DATE : 10/10/2008  
=====

CAT FEES DUE FCIC	9,900.00
ADDITIONAL COVERAGE FEES COLLECTED	.00
LESS COMPANY CAT FEES REDUCTION	<u>1,000.00</u>
ADMINISTRATIVE FEES DUE FCIC	8,900.00

RO XX  
 RO TAX ID: 999999999  
 REINSURANCE COMPANY NAME  
 C/O MGA

FCIC ACCOUNTING DETAIL REPORT (EXCLUDING CAT)  
 REINSURANCE YEAR 2009  
 MONTHLY

ADR001

STREET ADDRESS  
 CITY, STATE 99999-9999  
 CURRENT DATE : 10/10/2008 07.26.16 CUTOFF DATE : 10/10/2008

ST	CO	POL #	YR	NAME	(NOTES)	PREMIUM	PAID	LOSS-CR	SUBSIDY	CLEARED LOSSES	ADDT SUBSIDY
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	*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	*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	*	9,999	9,999	999	9,999	999	99
TOTAL						9,999	9,999	999	9,999	9,999	99

\*\*\* NOTES \*\*\*

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

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 CURRENT DATE : 10/10/2008 07.26.16

FCIC ACCOUNTING DETAIL REPORT (EXCLUDING CAT  
 REINSURANCE YEAR 2009  
 STATE TOTALS

ADR002

CUTOFF DATE : 10/10/2008

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=====
ST                PREMIUM          PAIDS      LOSS-CR     SUBSIDY      CLEARED      ADDT
=====          =====          =====      =====     =====     =====     =====
CO                99,999          0.00         0           99,999        0            0
KS                99,999          0.00         0           99,999        0            0
NE                99,999          0.00         0           99,999        0            0
TX                99,999          0.00         0           99,999        0            0

TOTAL            999,999          0.00         0           99,999        0            0
=====
  
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 CURRENT DATE : 10/10/2008 07.26.16

FCIC DETAIL REPORT (EXCLUDING CAT)  
 REINSURANCE YEAR - 2009  
 GRAND TOTALS

ADR003

CUTOFF DATE : 10/10/2008

CROP YR	PREMIUM	PAIDS	LOSS-CR	SUBSIDY	CLEARED LOSSES	ADDT SUBSIDY
2008	9,999,999			9,999,999		
2009	99,999,999			99,999,999		
2010	99,999			99,999		
TOTALS	99,999,999	999,999.99		99,999,999		
OVERPAIDS		999.99	0			
GRAND TOTALS LESS OVERPAIDS	99,999,999	999,999.99	0	99,999,999	0	0

PMEMO  
 MMEMO  
 PLCR

RO XX  
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 City, ST 99999-9999  
 CURRENT DATE : 10/10/2008 07.26.16

FCIC DETAIL OVERPAIDS REPORT (EXCLUDING CAT)  
 REINSURANCE YEAR - 2009  
 OVERPAID POLICIES

ADR004

CUTOFF DATE : 10/10/2008

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=====
ST CO      POLICY  YR      PREMIUM    PAIDS      LOSS CR    SUBSIDY    CLEARED    ADDT    OVER    OVER
=====
              LOSSES    SUBSIDY    PAID      LOSS-CR
=====
AL   000    0000000    0000      0,000      0,000.00      0.00        0          0          0          0.00      0.00
*TOTAL STATE AL
AR   000    0000000    0000      0,000      0,000.00      0.00        0          0          0          0.00      0.00
*TOTAL STATE AR
TOTAL      0,000      0,000.00      0.00        0          0          0          0          0.00      0.00
  
```

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 CURRENT DATE: 10/10/2008 CUTOFF DATE: 10/10/2008

P/CR MEMO REJECT LISTING  
 REINSURANCE YEAR - 2009

PCR001

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=====
MEMO MEMO MEMO MEMO PMEMO SOURCE SOURCE SOURCE SOURCE
RO LOC ST CNO POLICY NO CROP YR AMOUNT RO ST CNO POLICY NO
=====
XX NE 900 009999 YYYY 999.00 XX 31 900 009999
PA 900 009999 YYYY 9,999.00 XX 42 900 009999
009999 YYYY 9,999.00 XX 42 900 009999
009999 YYYY 99.00 XX 42 900 009999
009999 YYYY 9,999.00 XX 42 900 009999
TOTAL 9,999.00
  
```

EXAMPLE 1:

LATE PAYMENTS

<u>REPORT DATE</u>	<u>REPORT DUE</u>	<u>AMOUNT RECEIVED</u>	<u>DAYS LATE</u>	<u>RATE</u>	<u>INTEREST AMOUNT</u>	<u>NOTE REF.</u>
05/08/YYYY	05/29/YYYY	\$100,000	4	15%	\$164.38	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

<u>FINAL FINDINGS LETTER</u>	<u>OVERPAYMENT AMOUNT</u>	<u>DATE OF APPEAL</u>	<u>APPEAL LETTER DATE</u>	<u>ACCOUNTING REPORT DATE</u>	<u>DAYS</u>	<u>INTEREST RATE</u>	<u>INTEREST DUE</u>	<u>NOTE REF</u>
1/20/YYYY	\$10,000	N/A	N/A	02/09/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	2/15/YYYY	11/28/YYYY	12/11/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 November 28, 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.

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 CURRENT DATE : 10/10/2008 07.26.16

CAT COVERAGE FEES (EXCLUDING BUY-UPS)  
 REINSURED COMPANY DETAIL REPORT  
 REINSURANCE YEAR 2009  
 MONTHLY

CFE001

ID NUMBER	ST	CO	POLICY NUMBER	CROP YEAR	LOC CNTY	CROP CODE	PRAC TYPE	A CODE	ADM R	FEE	PREMIUM	LOSSES	FEE AMOUNT	FEE COLLECTED	FEE WAIVED
999999999	IL	999	999999	YYYY 999	0011 997	998	C				999				100
999999999	IL	999	999999	YYYY 999	0011 997	998	C				999				100
999999999	MO	999	999999	YYYY 999	0011 997	998	C				999				100
999999999	MN	999	999999	YYYY 999	0033 997	998	C				9,999				100
999999999	KS	999	999999	YYYY 999	0011 997	998	C				999				100
999999999	MN	999	999999	YYYY 999	0033 997	998	C				999				100
999999999	IL	999	999999	YYYY 999	0011 997	998	C				99				100
999999999	IL	999	999999	YYYY 999	0011 997	998	C				9,999				100
999999999	IL	999	999999	YYYY 999	0011 997	998	C				99				100
999999999	OH	999	999999	YYYY 999	0011 997	998	A				99				100
999999999	IL	999	999999	YYYY 999	0011 997	998	C				999				100
999999999	IL	999	999999	YYYY 999	0011 997	998	A				999				100
999999999	IN	999	999999	YYYY 999	0011 997	998	C				99				100
999999999	IL	999	999999	YYYY 999	0011 997	998	A				999				100
999999999	IL	999	999999	YYYY 999	0011 997	998	C				999				100
999999999	IL	999	999999	YYYY 999	0011 997	998	C				999				100
TOTAL											9,999				1,600

RO XX  
 RO TAX ID: 999999999  
 REINSURANCE COMPANY NAME  
 C/O MGA  
 Street Address,  
 City, ST 99999-9999

CAT COVERAGE FEES  
 REINSURED COMPANY DETAIL REPORT  
 REINSURANCE YEAR 2009

CFE002

DATE : 10/10/2008 07.26.16 CUTOFF DATE : 10/10/2008

ST		<u>PREMIUM</u>	<u>LOSSES</u>	<u>FEE AMOUNT</u>	<u>FEES COLLECTED</u>	<u>FEES WAIVED</u>
AL		999,999		99,999	999	999
AR		999,999		99,999	999	999
AZ		999,999		99,999	999	999
CA		999,999		99,999	999	999
CO		999,999		99,999	999	999
CT		999,999		99,999	999	999
MO		999,999		99,999	999	999
MS		999,999		99,999	999	999
MT		999,999		99,999	999	999
NC		999,999		99,999	999	999
ND		999,999		99,999	999	999
NE		999,999		99,999	999	999
NJ		999,999		99,999	999	999
NM		999,999		99,999	999	999
NY		999,999		99,999	999	999
OH		999,999		99,999	999	999
OK		999,999		99,999	999	999
OR		999,999		99,999	999	999
PA		999,999		99,999	999	999
SC		159999,999		99,999	999	999
2008		999,999				
2009		99,999,999				
2010		999,999				
TOTAL		99,999,999	0	999,999	9,999	99,999

RO XX  
 RO TAX ID: 999999999  
 REINSURANCE COMPANY NAME  
 C/O MGA  
 Street Address,  
 City, ST 99999-9999  
 CURRENT DATE/TIME: 10/10/2008

CAT COVERAGE FEES  
 RECEIVABLE REPORT  
 REINSURANCE YEAR - 2009

06:25:11 CUTOFF DATE: 10/10/2008

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  TAX      ID      POLICY CROP CROP WRT COLL      FEE      ADJ      RET CHK      INT/PEN      COLLECT      BALANCE      CO CAT FEE
  ID      TYP PIC ST CNTY      NBR  YEAR CODE OFF  ID      AMT      AMT      AMT      AMT      AMT      DUE      REDUCT AMT
=====
999999999 9  999 99  999 99999999 9999 9999      100.00      .00      .00      .00      .00      100.00      100.00

TOTAL      100.00      .00      .00      .00      .00      100.00      100.00
  
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RO XX  
 RO TAX ID: 999999999  
 REINSURANCE COMPANY NAME  
 C/O MGA

ADDITIONAL COVERAGE ADMINISTRATIVE FEE SUMMARY REPORT  
 REINSURANCE YEAR - 2009  
 MONTHLY

PAGE 1  
 ACA001

Street Address,  
 City, ST 99999-9999  
 CURRENT DATE/TIME: 10/10/2008 01:01:01 CUTOFF DATE: 10/10/2008

STATE	2009 JAN	2009 APR	2009 MAY	2009 JUN	2009 JUL	2009 AUG	2009 SEP	2009 OCT	2009 NOV	2009 DEC	2010 JAN	2010 MAR	PRE PAID	TOTAL
AR	0	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	0
IA	0	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	0
IL	0	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	0
KS	0	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	0
MN	0	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	0
ND	0	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	0
OH	0	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	0
TX	0	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	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WAIVED	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GRAND	0	0	0	0	0	0	0	0	0	0	0	0	0	0

CURRENT DATE : 10/10/2008 16.02.44 CUTOFF DATE: 10/10/2008

STATE	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
AR	OTHER COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	ASSIGN RISK	9.9	999,999	999,999	99,999	9.9
	CAT COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	REVENUE COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	REVENUE ASSIGN RISK	9.9	999,999	999,999	99,999	9.9
	SUBTOTAL 1		999,999	999,999	99,999	9.9
	OTHER COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	CAT COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	REVENUE COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	ASSIGN RISK 50	9.9	999,999	999,999	99,999	9.9
	REVISED SUBTOTAL 1		999,999	999,999	99,999	9.9
	OTHER COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	CAT COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	REVENUE COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	ASSIGN RISK	9.9	999,999	999,999	99,999	9.9
	RETAINED SUBTOTAL 2		999,999	999,999	99,999	9.9
	OTHER COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	CAT COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	REVENUE COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	ASSIGN RISK	9.9	999,999	999,999	99,999	9.9
	RETAINED SUBTOTAL 3		999,999	999,999	99,999	9.9
	OTHER COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	CAT COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	REVENUE COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	ASSIGN RISK	9.9	999,999	999,999	99,999	9.9
	SUBTOTAL 4		999,999	999,999	99,999	9.9
	OTHER COMMERCIAL GAIN/LOSS				-9,999	
	CAT COMMERCIAL GAIN/LOSS			999,999		
	REVENUE COMMERCIAL GAIN/LOSS			999,999		
	ASSIGN RISK GAIN/LOSS			999,999		
	STATE GAIN/LOSS			999,999		

(CONTINUED)

RO XX  
 REINSURANCE COMPANY NAME  
 CURRENT DATE : 10/10/2008 16.02.44

FCIC REINSURANCE RUN  
 REINSURANCE YEAR 2009  
 CUTOFF DATE: 10/10/2008

PAGE 2  
 REIPRT01

RO RECAP	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
	OTHER COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	OTHER DEVELOPMENTAL	9.9	999,999	999,999	99,999	9.9
	ASSIGN RISK	9.9	999,999	999,999	99,999	9.9
	CAT COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	CAT DEVELOPMENTAL	9.9	999,999	999,999	99,999	9.9
	CAT ASSIGN RISK	9.9	999,999	999,999	99,999	9.9
	REVENUE COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	REVENUE DEVELOPMENTAL	9.9	999,999	999,999	99,999	9.9
	REVENUE ASSIGN RISK	9.9	999,999	999,999	99,999	9.9
	SUBTOTAL 1		999,999	999,999	99,999	9.9
	OTHER COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	OTHER DEVELOPMENTAL	9.9	999,999	999,999	99,999	9.9
	CAT COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	CAT DEVELOPMENTAL	9.9	999,999	999,999	99,999	9.9
	REVENUE COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	REVENUE DEVELOPMENTAL	9.9	999,999	999,999	99,999	9.9
	ASSIGN RISK	9.9	999,999	999,999	99,999	9.9
	REVISED SUBTOTAL 1		999,999	999,999	99,999	9.9
	OTHER COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	OTHER DEVELOPMENTAL	9.9	999,999	999,999	99,999	9.9
	CAT COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	CAT DEVELOPMENTAL	9.9	999,999	999,999	99,999	9.9
	REVENUE COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	REVENUE DEVELOPMENTAL	9.9	999,999	999,999	99,999	9.9
	ASSIGN RISK	9.9	999,999	999,999	99,999	9.9
	RETAINED SUBTOTAL 2		999,999	999,999	99,999	9.9
	OTHER COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	OTHER DEVELOPMENTAL	9.9	999,999	999,999	99,999	9.9
	CAT COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	CAT DEVELOPMENTAL	9.9	999,999	999,999	99,999	9.9
	REVENUE COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	REVENUE DEVELOPMENTAL	9.9	999,999	999,999	99,999	9.9
	ASSIGN RISK	9.9	999,999	999,999	99,999	9.9
	RETAINED SUBTOTAL 3		999,999	999,999	99,999	9.9
	OTHER COMMERCIAL	9.9		999,999	99,999	9.9
	OTHER DEVELOPMENTAL	9.9		999,999	99,999	9.9
	CAT COMMERCIAL	9.9		999,999	99,999	9.9
	CAT DEVELOPMENTAL	9.9		999,999	99,999	9.9
	REVENUE COMMERCIAL	9.9		999,999	99,999	9.9

RO XX  
 Reinsurance Company Name

FCIC REINSURANCE RUN  
 REINSURANCE YEAR 2009

PAGE 23  
 REIPRT01

CURRENT DATE : 10/10/2008 16.02.44 CUTOFF DATE: 10/10/2008

REVENUE DEVELOPMENTAL	9.9	999,999	99,999	9.9
ASSIGN RISK	9.9	999,999	99,999	9.9
SUBTOTAL 4		999,999	99,999	9.9

RO RECAP	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
	OTHER COMMERCIAL GAIN/LOSS			9,999,999		
	OTHER DEVELOPMENTAL GAIN/LOSS			999,999		
	CAT COMMERCIAL GAIN/LOSS			999,999		
	CAT DEVELOPMENTAL GAIN/LOSS			9,999		
	REVENUE COMMERCIAL GAIN/LOSS			99,999,999		
	REVENUE DEVELOPMENTAL GAIN/LOSS			9,999,999		
	ASSIGN RISK GAIN/LOSS			999,999		
	GROSS GAIN/LOSS			99,999,999		
	LESS QUOTA SHARE			9,999,999		
	GAIN/LOSS AFTER QUOTA SHARE					99,999,999

RO XX

RECONCILIATION REDUCTION WORKSHEET  
MONTHLY SETTLEMENT REPORT  
REINSURANCE YEAR 2009

Page: 1  
REC5100YB-5

2008/10/10 CUTOFF DATE: 2008/10/10

PREMIUM:	PREMIUM DISCREPANCIES ( )	99.99
	TOTAL PREMIUM REDUCTION	99.99
PAID:	PAID DISCREPANCIES	.00
	TOTAL PAID REDUCTION	.00
LOSS:	LOSS DISCREPANCIES	.00
	TOTAL LOSS REDUCTION	.00
	TOTAL RECONCILIATION REDUCTION	99.99
	NON CAT SUBSIDY FACTOR	.999999

RO: XX

RECONCILIATION WORKSHEET  
DISCREPANCIES BY POLICY - PREMIUM  
MONTHLY REPORT  
REINSURANCE YEAR 2009

PAGE: 0001  
REC5100YB-1

RUN DATE: 10/10/2008 19:29:12 CUTOFF DATE: 10/10/2008

RO	ST	CO	POLICY	YR	CROP CODE	INS PLN	COV FLAG	PREMIUM DAS	PREMIUM RECON	PREMIUM DIFFERENCE	PREMIUM COMPARE (+)	PREMIUM COMPARE (-)
--	--	--	-----	----	----	---	----	-----	-----	-----	-----	-----
XX	XX	XX	99999999	XXXX	0016	99	N		99	-99		
XX	XX	XX	99999999	XXXX	0016	99	N		99	-99		
XX	XX	XX	99999999	XXXX	0016	99	N		99	-99		
XX	XX	XX	99999999	XXXX	0016	99	C		99	-99		
XX	XX	XX	99999999	XXXX	0016	99	N		99	-99		
XX	XX	XX	99999999	XXXX	0016	99	N		99	-99		
XX	XX	XX	99999999	XXXX	0016	99	N		99	-99		
XX	XX	XX	99999999	XXXX	0016	99	N		99	-99		
XX	XX	XX	99999999	XXXX	0016	99	N		99	-99		
TOTAL:	XX							9,999	999,999	-999,999	999	999,999

RO: XX

RECONCILIATION WORKSHEET  
DISCREPANCIES BY POLICY - LOSS  
MONTHLY REPORT  
REINSURANCE YEAR 2009

PAGE: 0001  
REC5100YB-3

RUN DATE: 10/10/2008 18:19:10 CUTOFF DATE: 10/10/2008

RO	ST	CO	POLICY	YR	LOSS DAS	LOSS RECON	LOSS DIFFERENCE	LOSS COMPARE (+)	LOSS COMPARE (-)
--	--	--	-----	-----	-----	-----	-----	-----	-----
XX	XX	XX	XXXXXXXX	XXXX		999	-999		999
XX	XX	XX	XXXXXXXX	XXXX		999	-999		999
XX	XX	XX	XXXXXXXX	XXXX		999,999	-999,999		999,999
TOTAL: XX						999,999	-999,999		999,999

RO: XX

RECONCILIATION WORKSHEET  
DISCREPANCIES BY POLICY - PAID  
MONTHLY REPORT  
REINSURANCE YEAR 2009

PAGE: 0001  
REC5100YB-2

RUN DATE: 10/10/2008 18:19:10 CUTOFF DATE: 10/10/2008

RO	ST	CO	POLICY	YR	PAID DAS	PAID RECON	PAID DIFFERENCE	PAID COMPARE (+)	PAID COMPARE (-)
---	---	---	-----	----	-----	-----	-----	-----	-----
XX	XX	XX	9999999	XXXX		9,999	-9,999		9,999
TOTAL: XX						9,999	-9,999		9,999

RO XX

RECONCILIATION WORKSHEET  
DISCREPANCIES BY POLICY - LOSS-CREDITS  
MONTHLY REPORT  
REINSURANCE YEAR 2009

PAGE: 0001  
REC5100YB-4

RUN DATE: 10/10/2008 18:19:10 CUTOFF DATE: 10/10/2008

RO	ST	CO	POLICY	YR	LOSS-CREDITS DAS	LOSS-CREDITS RECON	LOSS-CREDITS DIFFERENCE	LOSS-CREDITS COMPARE (+)	LOSS-CREDITS COMPARE (-)
--	--	--	-----	----	-----	-----	-----	-----	-----
XX	XX	XX	9999999	2009		99,999	-99,999		
XX	XX	XX	9999999	2009		99,999	-99,999		
XX	XX	XX	9999999	2009		99,999	-99,999		
XX	XX	XX	9999999	2009		99,999	-99,999		
XX	XX	XX	9999999	2009		99,999	-99,999		
TOTAL: XX						99,999	-99,999		

RO XX  
 RO TAX ID: 999999999  
 Reinsured Company Name  
 C/O MGA  
 Street Address,  
 City, ST 99999-9999

FCIC ADMINISTRATIVE REDUCTION REPORT  
 FOR LATE FILED SALES DATA  
 REINSURANCE YEAR - 2009

PAGE:  
 LFS002

CURRENT DATE: 10/10/2008 11:11:30 CUTOFF DATE: 10/10/2008

```

=====
RO      ST      NET BOOK      TOTAL
      PREMIUM      REDUCTION
=====
XX     XX      999,999      999,999.99
      XX      999,999      999,999.99
      XX      999,999      999,999.99
      XX      999,999      999,999.99

-----
GRAND TOTALS      9,999,999      999,999.99
-----

TOTAL 1.0%      9,999.99
TOTAL 3.0%      9,999.99
TOTAL 6.0%      99,999.99
-----
GRAND TOTAL      99,999.99
  
```

RO XX  
 RO TAX ID: 999999999  
 Reinsured Company Name  
 C/O MGA  
 Street Address,  
 City, ST 99999-9999  
 CURRENT DATE: 10/10/2008 18.18.57

FCIC ACCOUNTING REPORT  
 PREMIUM DUE WORKSHEET  
 REINSURANCE YEAR - 2009

PAGE: 1  
 PDW001-C

CUTOFF DATE: 10/10/2008

MONTH		(A) INSURED 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)	(G) TOTAL OF WORKSHEET (-B-F)
JANUARY	2009	0	_____	0	0	0	.00	.00
MARCH	2009	0	=====	0	0	0	.00	.00
MAY	2009	_____	=====	_____	_____	_____	_____	_____
JULY	2009	_____	=====	_____	_____	_____	=====	=====
OCTOBER	2009	_____	=====	_____	_____	_____	_____	=====
JANUARY	2010	_____	=====	_____	_____	_____	_____	=====
TOTAL								.00

EXAMPLE 3:

PREMIUM DUE WITHOUT (W/O) PAYMENTS

<u>PREMIUM PAYMENT DUE DATE</u>	<u>REPORT DATE</u>	<u>TOTAL PREMIUM DUE W/O PMT.</u>	<u>AMOUNT OF INCREASES IN PREMIUM FROM PREVIOUS PEAK</u>	<u>DAYS (365 DAY YR.) (EXACT DAYS)</u>	<u>INTEREST RATE</u>	<u>INTEREST AMOUNT</u>	<u>NOTE REF.</u>
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 WITHOUT PAYMENTS WORKSHEET  
 REINSURANCE YEAR - 2009

PDW002

RO XX  
 RO TAX ID: 999999999  
 Reinsured Company Name  
 C/O MGA  
 Street Address,  
 City, ST 99999-9999  
 CURRENT DATE: 2008/10/10

CUTOFF DATE: 2008/10/10

		(A)	(B)	(C)	(D)	(E)	(F)	(G)
MONTH		CURRENT REPORT	PREVIOUS PEAK	RPT DATE OF PEAK	INC OF PREM DUE WO PAYM	NBR DAYS INTEREST	INTEREST DUE	TOTAL OF INTEREST
JANUARY	2009	0	0	_____	_____	_____	_____	_____
MARCH	2009	0	0	_____	_____	_____	_____	_____
MAY	2009	_____	_____	_____	_____	_____	_____	_____
JULY	2009	_____	_____	_____	_____	_____	_____	_____
OCTOBER	2009	_____	_____	_____	_____	_____	_____	_____
JANUARY	2010	_____	_____	_____	_____	_____	_____	_____
TOTAL								

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	\$2,200,000	\$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 PAIDS 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. IF NO DEFERRALS THERE WILL BE 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- <u>nnn</u>		3-digit ALC
	-OR-	
BNF-/AC- <u>nnnn</u>		4-digit ALC
	-OR-	
BNF-/AC- <u>nnnnnnnnn</u>		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.

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-nnnnnnnnn 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-nnnnnnnnn 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-nnnnnnnnn
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
<b>Cumulative Y-T-D Total</b>	<b>89,000.00</b>

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
<b>Cumulative Y-T-D Total</b>	<b>16,000.00</b>

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

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Previous Y-T-D Total	74,000.00
Reinsurance Year 1999 Total	15,000.00
<b>Cumulative Y-T-D Total</b>	<b>89,000.00</b>

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

RO XX  
 RO TAX ID: 570338686  
 Reinsurance Company Name  
 C/O MGA.  
 Street Address,  
 City, ST 99999-9999

FCIC LIVESTOCK DETAIL REPORT  
 REINSURANCE YEAR - 2009  
 MONTHLY

CURRENT DATE: 10/10/2008 18.25.23 CUTOFF DATE: 10/10/2008

ST	CO	POLICY	CROP YR	NAME	PREMIUM	SUBSIDY	LOSSES
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 XX  
 RO TAX ID: 99999999  
 Reinsurance Company Name  
 C/O MGA  
 Street Address,  
 City, ST 99999-9999  
 CURRENT DATE : 10/10/2008 18.33.19 CUTOFF DATE : 10/10/2008

FCIC LIVESTOCK OPERATIONS REPORT  
 REINSURANCE YEAR - 2009  
 MONTHLY

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=====
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	PREMIUM	SUBSIDY	LOSSES
LIVESTOCK	9,999,999	999,999	999,999

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=====
```

	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
SUBTOTAL	XXX,XXX.XX	XXX,XXX.XX
BALANCE DUE COMPANY/FCIC	XXX,XXX.XX	XXX,XXX.XX

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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 ST  
 RO TAX ID 999999999  
 Reinsurance Company Name  
 C/O MGA  
 Street Address  
 City, ST 99999-9999  
 CURRENT DATE : 10/10/2008 18.04.27

LIVESTOCK SETTLEMENT REPORT  
 REINSURANCE YEAR 2009

FUND	TOTAL PREMIUM	PRODUCER PREMIUM	SUBSIDY	LOSSES	LOSS RATIO	GAIN LOSS
COMMERCIAL LRP	9,999,999	9,999,999	999,999	999,999	41.1	
COMMERCIAL LGM					.0	
PRIVATE MARKET LRP					.0	
PRIVATE MARKET LGM					.0	
*****						
NET BOOK TOTALS	9,999,999	9,999,999	999,999	999,999	41.1	
COMMERCIAL	9,999,999	9,999,999	999,999	999,999	41.1	
PRIVATE MARKET					.0	
*****						
RETAINED TOTALS	9,999,999	9,999,999	999,999	999,999	41.1	
COMMERCIAL	19,999,999	9,999,999	999,999	999,999	41.1	
PRIVATE MARKET					.0	
*****						
COMPANY SHARE AFTER STOP LOSS	9,999,999	9,999,999	999,999	999,999	41.1	999,999
COMMERCIAL	9,999,999	9,999,999	999,999	999,999	41.1	
PRIVATE MARKET					.0	
*****						
FCIC SHARE	9,999,999	9,999,999	999,999	999,999	41.1	
*****						
	DUE COMPANY	DUE FCIC				
SUBSIDY	999,999					
LOSSES DUE FROM FCIC	999					
PREMIUM DUE FCIC		9,999				
REINSURANCE PREMIUM DUE FCIC		99,999				
*****						
SUBTOTAL	999,999	99,999				
*****						
LIVESTOCK ADJUSTMENT	999,999					

**Table No. 1: CY 2009 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 (FFT pilot)
3	Avocado	0019	ARC	46	California
4	Avocado	0019	APH	90	Florida – approved for graduation
5	Avocado Trees	0212	TDO	40	Florida (FFT pilot)
6	Barley	0091	IP	42	
7	Cabbage	0072	GYC	90	Approved for graduation
8	Carambola Trees	0213	TDO	40	Florida (FFT pilot)
9	Cherry	0057	ARH	?	Replacement ARH pilot program approved for implementation for CY09
10	Chili Pepper	0045	FD	51	Approved for graduation based on APH plan
11	Clams	0116	AQ-DOL	43	Pilot program approved for continuation through CY11
12	Corn	0041	IP	42	
13	Corn	0041	IIP	45	
14	Cotton	0021	IP	42	
15	Cultivated Wild Rice	0055	APH	90	Approved for graduation
16	Grain Sorghum	0051	IP	42	
17	Grapefruit Trees	0208	TDO	40	Florida (FFT pilot)
18	GRP Rangeland	0048	GRP	12	Program evaluation complete. Board will consider at its June 2008 meeting.
19	Lemon Trees	0209	TDO	40	Florida (FFT pilot)
20	Lime Trees	0210	TDO	40	Florida (FFT pilot)
21	Mango Trees	0214	TDO	40	Florida (FFT pilot)
22	Multiple Crops	----	AGR	63	
23	Mustard	0069	APH	90	Approved for graduation
24	Navel Oranges	0215	FD	51	California
25	Orange Trees	0207	TDO	40	Florida (FFT pilot)
26	Pasture, Rangeland & Forage (PRF)	0088	Rainfall Index (PRF-RI)	13	

CROPS			PLAN		Comment
	Name	Code	Name	Code	
27	Pasture, Rangeland & Forage (PRF)	0088	Vegetative Index (PRF-VI)	14	
28	Silage Sorghum	0059	I-APH	96	Program evaluation complete. Board will consider at its June 2008 meeting.
29	Soybean	0081	IP	42	
30	Soybean	0081	IIP	45	
32	Sweet Potatoes	0085	APH-AR	92	
33	Wheat	0011	IP	42	
34	Coffee Trees	0266	TDO	40	Authorized beginning CY07
35	Banana Trees (plants)	0265	TDO	40	Authorized beginning CY07
36	Papaya Trees	0267	TDO	40	Authorized beginning CY07
37	Coffee Fruit (berry)	0256	APH	90	Authorized beginning CY07
38	Banana Fruit	0255	APH	90	Authorized beginning CY07
39	Papaya Fruit	0257	APH	90	Authorized beginning CY07

- Notes: 1. Crop policies approved via the 508(h) mechanism are not considered pilots. Thus, CRC, RA, GRIP, and AGR-Lite are not considered pilots even though they are now administered by RMA.
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 2009 Pilot Options**

Crops	Option		Comments
	Name	Code	
1	Onions	Stage Removal	NS
2	Sugar Beets	Stage Removal	NS
3	Nursery	Grower's Price Endorsement	PO
4	Multiple	ND Personal T-Yield	PTY

**Table No. 3: Pilot Programs Planned For CY 2009**

CROPS		PLAN		Comment	
	Name	Code	Name		Code
1	Cherries		ARH	?	Board approved ARH – Cherry pilot at its April 2008 meeting
2					

**Table No. 4: Discontinued Pilots (partial list)**

CROPS		PLAN		Comment	
	Name	Code	Name		Code
	Fresh Market Beans	0105	DO	50	Terminated for CY07
	Crambe	0068	APH	90	Terminated for CY05
	Winter Squash	0065	DO	50	Terminated for CY06
	Raspberry/Blackberry	0108	DO	51	Terminated for CY07
	Cucumber	0106	DO	51	Terminated for CY06
	Mint	0074	APH	90	Approved for graduation in CY08
	All crops terminated except TX Cit Trees		CEO		Coverage Enhancement Option
	Apple	0054	Quality, Fancy	QF	Terminated for CY07
	Apple	0054	Quality, Other	QP	Terminated for CY07
	Strawberries	0110	FD	51	Dollar plan terminated for CY09