Report Name: Escrow Register Summary Report	**Reinsurance Year: 2017**
Exhibit Number: 8-2	**Version: Approved**
	Release Date: 1/31/2017

Escrow Register Summary

AIP Name	**XYZ Insurance Company**
AIP Code	**XX**
Account	**1234567890**
RY	**20XX**
Date	XX/XX/XXXX

Total Requested Amount	$99,999.00	Previous Y-T-D Total	$99,999.00
Previous Requested Amount	$0.00	Reinsurance Year Total	$99,999.00
Payment Amount	$99,999.00	**Cumulative Y-T-D Total**	$99,999.00