

(LOSS ADJUSTER DATA - TYPE 56)**Format/Edits**

| Field No. | Field Name | Begin Pos | Size | Picture | Field Edits |
|-----------|-------------------------------------|-----------|------|---------|--|
| 1 | Record Type | 1 | 2 | 9(02) | Required. Must be 56. |
| 2 | Reporting Organization | 3 | 2 | X(02) | Required. Edit with RO/Company table. |
| 3 | Active Flag | 5 | 1 | X(01) | Required for all records. Must be: Y = Yes, Active N = No, Inactive. |
| 4 | Inactive Date | 6 | 8 | X(08) | If field #3 = N, then this field cannot be blank. Must be: MMDDCCYY format. |
| 5 | Filler | 14 | 2 | X(02) | Must be Spaces. |
| 6 | Reinsurance Year | 16 | 4 | 9(04) | Must be 2002 for the 2002 Reinsurance Year. |
| 7 | Filler | 20 | 1 | X(01) | Must be Spaces. |
| 8 | Adjuster ID | 21 | 9 | X(09) | Required for all records. Must be left justified. |
| 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. |
| 10 | Adjuster First Name | 50 | 10 | X(10) | First name of the adjuster. Must not be blank. Must be left justified beginning in first position. |
| 11 | Adjuster Middle Name | 60 | 10 | X(10) | Middle name of the loss adjuster. Must be left justified beginning in first position. |
| 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. |
| 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. |
| 14 | Address State | 79 | 2 | X(02) | Required for all records. Must be valid alpha state abbreviation. If foreign country state enter "ZZ". |
| 15 | Filler | 81 | 156 | X(156) | Must be Spaces. |
| 16 | Adjuster SSN | 237 | 9 | 9(09) | Required. Valid SSN for the Loss Adjuster. |
| 17 | M-14 Review Flag | 246 | 2 | 9(02) | Must be zeros. |
| 18 | Filler | 248 | 87 | X(87) | Must be Spaces. |
| 19 | SSN Validation Flag | 335 | 2 | X(02) | Internal Use. Positions 335 - 336 will contain the SSN validation flag. |
| 20 | Ineligible Tracking Validation Flag | 337 | 8 | X(08) | Internal Use. Reserved. |
| 21 | Annual Review Date | 345 | 8 | 9(08) | Reserved. Zero fill. |
| 22 | Filler | 353 | 198 | X(198) | Must be spaces. |

| Field No. | Field Name | Begin Pos | Size | Picture | Field Edits |
|-----------|-----------------------------|-----------|------|---------|--|
| 23 | FCIC Control Time | 551 | 4 | 9(04) | Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format. |
| 24 | FCIC Control Date | 555 | 8 | 9(08) | Internal Use. The date the transaction batch file was received. (From when transmission started) MMDD CCYY Format. |
| 25 | Reinsurance Year | 563 | 4 | 9(04) | Internal Use. The Reinsurance Year. CCYY format. |
| 26 | Batch Number | 567 | 4 | 9(04) | Internal Use. The sequential number identifying the file that was submitted by the RO to FCIC/RMA. |
| 27 | 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> . |
| 28 | Transaction Rejected Flag | 579 | 1 | X(01) | Internal Use. Reserved. |
| 29 | Transaction Source Flag | 580 | 1 | X(01) | Internal Use. Reserved. |
| 30 | FCIC Accepted Date | 581 | 8 | 9(08) | Internal Use. The date this record was initially accepted by DAS. MMDDCCYY format. |
| 31 | Filler | 589 | 12 | X(12) | Internal Use. |

Note:

A 56 record must be accepted for the RO and Loss Adjuster SSN before a 21, 22 or 23 record will be accepted.