Report Name: Escrow Register Detail Report Exhibit Number: 8-1

Escrow Register Detail							
AIP Name XYZ Insurance Company							
		AIP Cod	e XX				
Account 1234567890							
		R	Y 20XX				
Date XX/XX/XXXX							
Total Requested Amount \$99,999.00			Previous Y-T-D Total \$N/A				
Previous Requested Amount \$0.00			Reinsurance Year Total \$99,999.00				
Payment Amount \$99,999.00			Cumulative Y-T-D Total \$99,999.00				
			-			_	
Policy Issuing Company	Policy Number	Name	Claim Number	Requested Amount	Previous Amount	Payable Amount	
999	999999	Sample Farms	1234	\$99,999.00	) \$0.0	00 \$99,999.00	
	Previous Requested Amount Payment Amount Policy Issuing Company	Previous Requested Amount \$0.00   Payment Amount \$99,999.00   Policy Issuing Company Policy Number	AIP Nam AIP Cod Accour R Dat Total Requested Amount \$99,999.00 Previous Requested Amount \$0.00 Payment Amount \$99,999.00	AIP Name XYZ Insurance Co AIP Code XX Account 1234567890 RY 20XX Date XX/XX/XXXX Total Requested Amount \$99,999.00 Previous Requested Amount \$0.00 Payment Amount \$99,999.00	AIP Name XYZ Insurance Company AIP Code XX Account 1234567890 RY 20XX Date XX/XX/XXXX Total Requested Amount \$99,999.00 Previous Requested Amount \$0.00 Reinsurance Year Tota Payment Amount \$99,999.00 Cumulative Y-T-D Tota	AIP Name XYZ Insurance Company AIP Code XX Account 1234567890 RY 20XX Date XX/XX/XXXX Total Requested Amount \$99,999.00 Previous Requested Amount \$0.00 Payment Amount \$09,999.00 Payment Amount \$99,999.00 Payment Amount \$99,999.00 Policy Issuing Company Policy Number Name Claim Number Requested Amount Previous Amount	