Report Name: Escrow Bank Reconciliation Report	Reinsurance Year: 2024
Exhibit Number: 8-4	Version: Approved
	Release Date: 7/1/2023

* Please fill in the Yellow Boxes  AlP Name  Address  Account Number  MPCI REINSURED COMPANY  PROVIDENT ESCROW ACCOUNT RECONCILIATION  Current Date					
BALANCE PER STATEMENT AS OF Current Date ESCROW REQUESTS IN TRANSIT TOTAL DEBITS OUTSTANDING CHECKS AS OF Current Date	0.00				
INTEREST (as listed on the bank statement)	0.00	_			
TOTAL CREDITS		0.00			
OVERAGE(+)/SHORTAGE(-)		0.00			
TOTAL		0.00			
Reconciliation Preparer		-			
Date		-			
Supervisor		-			
Date					

Report Name: Escrow Bank Reconciliation Report Exhibit Number: 8-4				Reinsurance Year Version: Approve Release Date: 7/1	d
AIP Name IN-TRANSI Current Da	IT				
				Optional	Optional
RY	POLICY	CLAIM	AMOUNT	CHECK NUMBER	CHECK DATE

## This Tab Should Contain:

All outstanding checks issued in the current month that meet the following criteria:

- Check was issued in the Current Month (the month of the reconciliation)
- The AIP request for funding was submitted to RMA in the current month.
- The funding from RMA was not received durring the current month
- \* If the check was cashed before the end of the month and funding has still not been recieved then the check should be in the Overage and Shortage tab as a Shortage.
- \* If the check was written in a prior month and still has not been funded it should be listed on the Overage and Shortage tab as a Shortage.

Report Name: Escrow Bank Reconciliation Report Exhibit Number: 8-4			Reinsurance Year: 2024			
				Version: Approved		
				Release Date: 7/1/2023		
AIP Name						
CHECK REG	ISTER					
<b>Current Dat</b>	te					
				Total:		
RY	POLICY	CLAIM	CHECK#	CHECK DATE		
This tab sho	ould contain all check	s that were written du	ring the current mont	n regardless if the check was cashed or voide	ed.	

Report Name: Escrow Bank Reconciliation Report

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AIP Name
OUTSTANDING
Current Date

Total

RY POLICY CLAIM CHECK# CHECK DATE

This tab should contain all outstanding checks from current and previous periods that have not been cashed by the producer.

AIPs must monitor their list of outstanding checks that are approaching one year old as follows:

- i. Send a letter to the insured whose outstanding indemnity check is within 45 days of one year old to inform the insured that the check will be voided if it is not cashed within 45 days. The AIP must also offer to issue a replacement check in the event the insured cannot locate the original check. The insured must be given 45 days to either 1) cash the original check, or 2) request a replacement check.
- ii. If the insured requests a replacement check the AIP should void the original check and process a new check.
- iii. If the insured does not request a replacement check or cash the original check within the 45 days the AIP should take the following action:
  - 1. Void the insured's original check.
- 2. Submit to FCIC a listing for all voided checks that includes the related reinsurance year, policy number, claim number, check number, and amount. This list must be accompanied by a check reimbursing FCIC for the full amount of the listed voided checks. AIPs must not make any changes to the loss data submitted through PASS.
- 3. In the instance the insured requests repayment after the check has been voided, the AIP will issue a new check to the insured and submit to FCIC a manual escrow register with the policy number, claim number, and check information. FCIC will manually fund the escrow account for the reissued check amount.

Report Name: Escrow Bank Reconciliation Report			Reinsurance Year: 2024			
Exhibit Number: 8-4			Version: Approved			
				Release Date: 7,		
AIP Name						
CLEARED						
<b>Current Date</b>						
				Total		
					Optional	
RY	POLICY	CLAIM	CHECK#	CHECK DATE	CLEARED DATE	
This tab shoul	d only contain ched	cks that have cleared t	he bank within the cui	rrent month.		

AIP Name  VOIDS  Current Date  Total  Optional  RY Policy Claim Check# Check Date Amount Reissued (Y/N) Reissued Check# Reissued Check Ar	
RY Policy Claim Check# Check Date Amount Reissued (Y/N) Reissued Check# Reissued Check Ar	
	mount
This tab should only contain checks that were voided in the current month.	

Report Name: Escrow Ba Exhibit Number: 8-4	nk Reconciliation Report	Reinsurance Year: 2024 Version: Approved Release Date: 7/1/2023	
AIP Name MPCI REINSURED COMPAN PROVIDENT ESCROW ACCO			
Current Date			
DATE DEPOSITED	This should only list the curre	ent month's interest (as listed on the bank statement)	

Report Name: Escrow Bank Reconciliation Report Exhibit Number: 8-4			Version	Reinsurance Year: 2024 Version: Approved Release Date: 7/1/2023	
		AIP Name Current Da			
OVERAGES					
RY	Policy#	Claim #	Description	Amount	
Overages consist of any	1 Depos 2 Down	sits from the AIP to ward revisions on a ther amounts withir	cover amounts not yet fur Iready paid claims, In the account that are not		
SHORTAGES			TOTAL C	verages	
RY	Policy #	Claim #	Description	Amount	
Shortages consist of any	1 Fundi 2 Check	ng that has been red as the insured has ca ther amounts deem	ashed in the current month led due the insured that ha ase provide a description o	ncludes: ous months that RMA has not funded, that have not been funded by RMA, ve not been funded by RMA.  If why the item is listed as a SHORTAGE  HORTAGES	
			NET BAL	ANCE	