United States
Department of
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Federal Crop
Insurance
Corporation

Risk Management
Agency

Product Analysis
and Accounting
Division

APPENDIX III
June 30, 2011

RISK MANAGEMENT AGENCY Appendix III to the Standard Reinsurance Agreement and the Livestock Price Reinsurance Agreement

2012 REINSURANCE YEAR

RISK MANAGEMENT AGENCY

KANSAS CITY, MO

TITLE: RISK MANAGEMENT AGENCY Appendix III to the Standard Reinsurance Agreement and the Livestock Price Reinsurance Agreement	**NUMBER: APPENDIX III TO THE STANDARD REINSURANCE AGREEMENT**
EFFECTIVE DATE: July 1, 2011	**ISSUE DATE: June 30, 2011**
SUBJECT:	**OPI: Product Analysis and Accounting Division**
Provides the standards, instructions and information for reporting Approved Insurance Provider (AIP) data to the Risk Management Agency/Federal Crop Insurance Corporation	**APPROVED: June 30, 2011** **Deputy Administrator, Product Management**

Reason for Issuance

This Appendix is being issued to provide standards, instructions and information for electronic data reporting of policyholder, commodity and other information submitted by AIPs as required by the Standard Reinsurance Agreement, Livestock Price Reinsurance Agreement or other Risk Management Agency (RMA) policy and procedures.

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Part 1 General Information and Responsibilities

1 General Information

A. Purpose and Objective

RMA relies on information provided by the AIP, by third-party affiliates, and by policyholders when making determinations relating to crop insurance, including determinations relating to the provision of reinsurance, premium subsidy and A&O subsidy on eligible crop insurance contracts. Further, this information submitted by the AIP is gathered at the policyholder level by third-parties, such as agents and loss adjusters or other affiliates of the AIP, and is subject to regulations, policies and procedures developed by RMA, USDA, and other Federal agencies.

This Appendix provides standards, procedure and instructions for reporting AIP data to RMA/FCIC. The objectives include, but are not limited to:

- providing a means of validating data to provide reasonable assurance that reimbursements are made based on accurate and timely information.
- maintaining detailed contract information at RMA
- enhancing the quality and availability of data at all levels

B. Source of Authority

Federal programs enacted by Congress and the regulations and policies developed by RMA, USDA and other Federal agencies with applicable regulatory control provide the:

- Authority for program and administrative operations
- Origin for RMA calculation of A&O subsidy, reinsurance and risk sharing.

Authority for managing the Policy Acceptance and Storage System and eDAS is authorized by:

- Standard Reinsurance Agreement (SRA) and supporting Appendices

- Livestock Price Reinsurance Agreement (LPRA)
- RMA issued procedures
- Regulations promulgated under the:
  - Federal Crop Insurance Act
  - System of Records Notice
  - Basic provisions and endorsements
  - Debt Collection and Improvement Act

C. Related Handbooks and Reference Materials

This table references related handbooks/reference materials and their relation/purpose.

Related Handbooks/ Reference Material	Relation/Purpose
Appendix II to the SRA	Provides cession limits, maximum premium volume, states in which the company is authorized to write business, and other selected criteria required by the SRA .
Appendix IV to the SRA	Provides requirements for monitoring the quality control program
Crop Insurance Handbook	Provides procedures for reporting information from producers
Document and Supplemental Standards Handbook	Provides standard forms and procedures for collecting information from producers
Loss Adjustment Standards Handbook	Provides collection and reporting procedures for claim information
Written Agreement Handbook	Provides procedures for modifying terms and conditions of the ADM or other issued policy and procedure
Ineligible Handbook	Provides procedures for identification and tracking of ineligible producers
Underwriting Guides	All underwriting guides published on RMA's website (www.rma.usda.gov)
Bulletins	Applicable bulletins and informational memorandum published

	on RMA's website (www.rma.usda.gov)
Other Program Handbooks and Standards	All other program handbooks and standards published on RMA's website (www.rma.usda.gov)
4-RM	Provides procedures and guidance to FSA State and County Offices, RMA, and Approved Insurance Providers for improving Federal Crop Insurance Program compliance and integrity as required by the Agricultural Risk Protection Act of 2000 (ARPA)

D. Issuances and Revisions

1. This appendix will be issued annually reflecting detailed reporting requirements for eligible crop insurance contracts and other supporting information applicable to each Reinsurance Year in accordance with the SRA/LPRA and Appendices. A DRAFT will be issued by May 10th preceding the reinsurance year for comment, including general PASS requirements, proposed or major processing enhancements, known policy and procedural changes, fund designation requirements and LRR determination process. AIPs will have 21 days to comment to the draft. The approved Appendix III will be issued by June 30, preceding the reinsurance year, and will be approved quarterly, as needed.

2. Revisions to this appendix and to PASS may become necessary after the annual release to ensure that data reported complies with the SRA, actuarial requirements, Federal regulations, crop policy provisions, and procedural changes that could not be anticipated when the annual update was released. Revisions to Appendix III will include:

    a. Clarifications that do not change the format or values of the reporting requirements,

    b. New reporting requirements to meet the terms and conditions of the Act, FCIC regulations, and/or procedures enacted after the initial release of Appendix III

    c. Corrections to the reporting requirements to meet the existing terms and conditions of the Act, FCIC regulations, and/or procedures.

3. Any new or proposed requirements revisions will be available for comment for a period of 14 calendar days. FCIC generally will work with the AIPs in an attempt to reach consensus in determining the most efficient means of implementing revisions both prior to and subsequent to the initial release. Revisions after the initial release will be highlighted and a summary by date will be maintained. Explanation will be provided stating the reason a particular change was initiated, implemented or rejected.

a. Changes will be implemented after the accounting cut-off date following the 14 day comment period, except in situations involving material monetary impact.

4. The SRA, except as provided therein, Act, regulations in 7 C.F.R. Chapter IV, regulations and procedures listed in Section 1 B and C of this Appendix, and the applicable eligible crop insurance contract and procedures take precedence over Appendix III for servicing requirements.

5. The appendix is maintained electronically via the RMA Home Page. The RMA Website address is:

http://www.rma.usda.gov/data

Click on APPENDIX III, Data Reporting Requirements.

6. Provisions for approved and draft versions of the Appendix III for multiple reinsurance years are available.

   a. The approved version contains the current Appendix III that has been approved by FCIC.

   b. The draft version contains proposed changes for review and comment.

      A. Draft versions will be watermarked DRAFT and changes will be highlighted when possible.

      B. AIPs will be notified of changes to the DRAFT version on the PASS Status Report and/or on the "Read me" page.

E. **Implementing FISMA Information Security Standards and Guidelines**

1. As required by SRA Section IV(a)(4), the company may utilize existing information technology, audits and security approaches currently determined by and required of the company to demonstrate that Protected Information and records are being secured and protected from non-disclosure. The company must engage a process designed to achieve the minimum security requirements for FIPS-199 moderate-impact security objectives for each of their systems that contain protected information or interact with a Federal information system.

2. FIPS 200, Minimum Security Requirements for Federal Information and Information Systems, lists the mandatory federal standards developed by NIST in response to FISMA. To comply with the federal standard, the company must derive the information system impact level for a FIPS-199 moderate-impact security category, and then apply the appropriately tailored set of baseline security controls in NIST Special Publication 800-53, Security Controls for Federal Information Systems and Organizations. The Company may apply the baseline security controls in accordance with the guidance provided in Special Publication 800-53, tailoring the relevant security control baseline so that it most closely aligns with their mission and business requirements and environments of operation.

3. An organizational assessment of risk must be conducted to validate the initial security control selection and determine if any additional controls are needed to protect organizational operations (including mission, functions, image, or reputation), organizational assets, individuals, other organizations, or the Federal Crop Insurance program. The resulting set of security controls establishes a level of security due diligence for the Company.

4. The company may utilize existing audits, assessments and security standards required of the company to achieve equivalent security results as required in FIPS 200 and Special Publication 800-53.

F. Incident Reporting

Loss of Protected Information or Personally Identifiable Information, either suspected or confirmed breached, shall be reported in writing (e-mail is acceptable) to the RMA Chief Information Security System Office (ISSO) or the RMA Chief Information Officer (CIO), in accordance with SRA Section IV.(a)(5). A telephone notification is also desired.

2 Responsibilities

The following table references the Entity, Function and Responsibilities related to submitting and processing data through PASS.

Entity	Function	Responsibilities
RMA	Waivers & Revisions	Responsible for ensuring the AIP has met all their responsibilities, and approval or disapproval when requesting waiver of: • fund designation lockdown dates/modifications to fund designations • A&O subsidy reductions for LRR •
RMA	Reporting	Responsible for: • providing updates to FCIC reporting guidelines • performing duties and validations of AIP submitted data as outlined in the "Formats/Edits" portion of this Handbook • determining data reporting requirements, validation edits, files and standards • maintaining and administering databases and other storage media used by PASS • maintaining and timely releasing to AIPs the Insurance Control Elements (ICE) validation files referenced herein • preparing and providing error reports to the AIP designee containing data not passing all edits and validations specified by FCIC • updating/maintaining reinsurance data in the policy and accounting databases • providing technical assistance in error resolution • responding within 7 business days to a properly completed PASS error report • generating reconciliation reports/data • generating accounting reports/data • processing premium due report data upon receipt of the certified report/worksheet when received by the due date for monthly reporting • generating revised monthly settlement reports after current worksheets are updated by the AIP

RMA	Reimbursement	Responsible for reimbursement of the following in accordance with Part 3 of this Appendix: • losses • administrative subsidies • gain sharing • interest
AIP	Reporting	Responsible for taking actions to ensure timely and accurate data submission to FCIC, including but not limited to submission of: • accurate and detailed eligible crop insurance contract data and other supporting information (e.g., CIMS, COI, Agency/Company employee, etc.) to FCIC in the format prescribed in this Appendix • properly completed PASS error reports to DQS, after analysis or for guidance in correcting rejected data that is present on the PASS error listing • data corrections or reporting necessary to timely resolve reconciliation differences both financial in nature or as required under 4-RM and ARPA, as specified in Appendix IV • electronic loss data for escrow funding • certified hard copy or electronic monthly/annual settlement reports (recap and worksheets), and all other supporting reports (e.g., premium due worksheets) by reinsurance year • producer premium payment information by the accounting cut-off date for the calendar month after collection
AIP	Accounting and Reporting Systems	• Responsible for ensuring that program and accounting systems have the capability to report information at a “point in time”, and the ability to fall back to a previous point in time when necessary for reporting purposes. • Responsible for assuring for proper and timely servicing of insured producers accounts, including timely remittance of refunds, generally within 30 days of the financial event that created a credit balance

3 System Overview

A. PASS Overview

1. PASS and RAS are two integrated data processing systems. PASS receives and performs validations on transmitted data. Data validated by PASS is loaded to RMA databases. Together they provide RMA with a mechanism to provide reasonable assurance that data received is accurate, that errors are corrected timely, that information contained on Monthly Settlement Reports certified by the AIP are accurate for the validated data, and appropriate accounting entries are made in RMA's Financial Accounting Systems. An overview of these two systems follows.

    a. Data supplied to FCIC for an AIP is processed through PASS. The data is checked for proper reinsurance year format. All transmitted data that is accepted will replace previously accepted data on a policy level.

    b. Validations are performed on submitted transactions for data accuracy and compliance with policy, procedure and processing requirements. The PASS performs required edits on each transaction to the extent practical before rejecting a transaction. Upon completion of editing, a report is generated which summarizes the acceptance, rejection and suspension by record type and liability, premium and indemnity amounts from the transaction. Records which were found in error are system-generated output that is sent to an AIP after each edit completes.

    c. Error processing is the validation that occurs from the record submission process and provides the AIPs a way to track and resolve errors that occur both within the file submission process and within the records submitted.

    d. As part of the PASS/RAS operations, an AIP will be required to reconcile data contained within their systems with data submitted to and accepted by RMA. As a means of assisting the AIPs in reconciling their systems with PASS, RMA will return both AIP and RMA calculated values in rejected and accepted records for each batch submitted.

    e. The DQS provides operation support for the PASS and eDAS systems. All questions regarding data distribution reporting, and validation should be addressed to the AIP's DQS representative.

See Exhibit 97 for a chart displaying the flow of data from AIPs to RMA

B. eDAS Overview

1. eDAS is a real time system operating in a web environment designed to edit transmitted data from AIPs. AIPs will send data in Extensible Markup Language (XML) format to be processed by eDAS or use RMA's web application to input required information to eDAS. After performing a series of edits on the data, an SML transmission with all input data received from the AIP and output data defined by RMA will be sent back to the AIP in the same order they are processed. The transmission will also notify the AIP of its acceptance or rejection, and if rejected, errors will be included in the return transmission.

2. eDAS will perform a series of edits on the current data. The type of data and edits performed will be outlined later in Appendix III. Edits are done in a series of steps. If any step fails, no other edits beyond the current step will be done.

   a. First, basic edits are done. Some of these edits include a required check, optional check, numeric check, alphabetic check and validity of codes check.

   b. Next, conditional rules apply. These rules apply to Appendix III tags that will only be present based on the value of other Appendix III tags.

   c. Advanced rules include ADM cross reference checks and inter-field comparisons. If needed for the current Appendix III section, the corporate calculation modules are run to determine premium or indemnity.

   d. Calculation validation edits are performed to determine if the AIPs calculated values match RMA's calculated values.

   e. Post processing Rules are performed as the final step, and include checking the Underwriting Capacity Manager (UCM)

   f. RAS will be used to generate accounting reports containing AIP data processed by eDAS. Data will be taken directly from the database to feed RAS.

4-10 (Reserved)

Part 2 PASS Submission, Telecommunications and Processing Considerations

11 PASS Submission Requirements

A. PASS Submission

1. Monthly submission of data is mandatory through annual settlement if any activity occurred during the month. All data submitted will be processed through PASS as soon as possible. Occasionally, the system will be unavailable during normal operation hours due to scheduled or emergency maintenance. Companies will be notified as soon as possible in these cases. Transmission files between 2 and 3,000,000 records will be automatically processed during operations hours Monday through Friday. Operation hours for all reinsurance years are Monday 6:00 a.m. to 11:00 p.m., Tuesday through Thursday, 6:00 a.m. to 2:00 a.m. and Friday 6:00 a.m. to 8:00 p.m. Any transmission received after cutoff or a file that is too large to be completed during the operation hours will be processed in the next operation period.

    a. The Company is limited to submitting data through automated systems for 3 years following the first annual settlement for the reinsurance year. Settlement of claims still in litigation, arbitration, or any administrative proceeding more than 3 years after the first annual settlement for such reinsurance year must be reported to FCIC and will be processed manually following the resolution of such action

        i. Unless otherwise permitted by FCIC in this Appendix, the Company may not submit estimated data for the purpose of establishing premium, liability, or indemnity.

    b. "Transaction cutoff date" for weekly data reporting is 8:00 p.m. central time on Friday of each calendar week as shown in Exhibit 100-1, Weekly Transaction Cutoff Dates. A calendar week begins with Sunday and ends with Saturday. Any date that falls on a Saturday will use the preceding Friday as the transaction cutoff day.

    c. "Transaction cutoff date" for monthly data reporting is 8:00 p.m. central time on Friday after the first Sunday of the month.

    d. RMA may deviate from submission reporting requirements when necessary to ensure accurate and timely data processing. Deviations from stated reporting requirements may occur only in cases of material monetary discrepancies created by the processing of inaccurate or untimely data.

2. Companies must contact RMA prior to submitting transmission files over 1,000,000 records. RMA will schedule these files to be processed based on the availability of the operating system. This is required for validation purposes and to allow time for correction and resubmission of rejected transactions to FCIC before the transaction cutoff date for monthly data reporting.

3. In order to correctly process files delivered by the AIPs to the FTP server, the file structure must submit the 2 digit AIP Code, 4 digit reinsurance year, and 1 digit application code. For example:

AIP Code	XX
Reinsurance Year	2012
Application Code	P
Submit File Format	XX2012P.ZIP

The file formatting rule applies only to the file submitted to the FTP server. Each ZIP file must contain only one file within it. There are no format rules for the name of the file contained within the ZIP file. All data must be pipe-delimited, with no extra pipe at the end of the line. All fields requiring a sign (+/-) will be noted with a leading "S" in the "Format" column. This sign will be included in the Maximum Length field. Example: S9999.99

4. All files are immediately date/time stamped when they land on the FTP server. Once an AIP submits a file to the individual "Upload" folder the FTP service performs the following checks:

FILE SUBMISSION CHECKS	
Zip file is invalid	If corrupt and cannot be opened, it is moved to the common upload folder with a dot-BADZIP extension
More than one file is inside Zip	File is moved to the common upload folder with a dot-BADZIP extension.
Zip file name does not contain the correct AIP code	If the name of the Zip file does not contain the AIP Code indicated in the UserID, the file is moved to the common upload folder and the name of the file is modified to indicate that the file is invalid with a dot-BADAIP extension.

5. Upon completion of processing, output files are returned to the common download folder for the AIP.

RETURN ZIP FILE	
Return Zip File Name	XX2012P0003.zip
RETURN ZIP FILE CONTENTS	

Processed Records File Name	XX2012P0003.txt
Exception Record File Name	XX2012P0003Exception.txt
Summary Record File Name	XX2012P0003Summary.txt
Duplicate Policy Record File Name	XX2012P0003Duplicate.txt
Unknown Record File Name	XX2012P0003Unknown.txt

a. The P98Z and P99Z Exception records are contained in the Exception output file. These records contain codes to identify the reason for the exception.

P98Z (Unknown record) Unknown Reason Codes	
Unknown record Unknown Reason Codes identify the reason why a record could not be processed. A matching row for the P98Z will be found in the Unknown output file.	
Unknown Reason Code 1	Reinsurance Year does not match the Reinsurance Year on the batch file name
Unknown Reason Code 2	AIP Code does not match the AIP Code on the batch file name
Unknown Reason Code 3	Record Type not in list of accepted Record Type Codes (by Reinsurance Year)
Unknown Reason Code 4	Record has too few delimiters for the Record Type
Unknown Reason Code 5	Record has too many delimiters for the Record Type
Unknown Reason Code 6	One or more record columns exceed allowable maximum width. The P98Z exception record contains a field called “Overflow Columns” that contains the index of all fields in the input record that were too large to fit into their associated staging table. The index is 1-based, and indicates the position in the current row where the field was too large. If it has more than 1m rows or any single row is greater than 500 characters, it is considered a malformed file and the entire batch is dumped. The zip file will contain a single P98Z record which will have the name of the submitted file as it exists in the AIPs upload folder. If the number of records exceeds the maximum allowed the file is considered malformed and the Malformed Batch

	code contains a malformed file, “M”. If any single row exceeds the maximum allowed length the batch is considered malformed and the Malformed Batch Code contains a Malformed Row, “R”.
Unknown Reason Code 7	Submission date of the record type is outside of the valid submission start date or end date.

P99Z (Exception record) Process Result Codes	
Exception record Process Result Codes identify the status of the processing for that record. When record level rules are validated, the field name and number will be left blank and the Rule ID will contain the number of the record level error that has occurred.	
A	Accepted
K	Rejected, but with an established LRR, or Escrow Fund recorded as appropriate
M	Message
R	Rejected
W	Warning
S	Suspended

6. Upon successfully passing all edits, accepted data will be included in the Monthly Settlement Reports generated by RAS. Failure of data to pass all reporting and edit requirements in this Appendix may result in such data not being accepted for payment on the Monthly Settlement and Annual Settlement Reports. Data must be electronically transmitted successfully and completely received by the transaction cutoff date to be included in that week’s transactions. Monthly Settlement Reports will be prepared based on data received and accepted by the transaction cutoff date for monthly reporting.

7. Data must be submitted on a reinsurance year basis. The 2012 Reinsurance Year data would include the following crop year data:

    a. 2013Avocados
    b. 2011 Raisins
    c. 2013 Citrus (Arizona, California, Florida and Texas)
    d. 2013 Florida Fruit Trees
    e. 2013 Nursery
    f. 2012 Texas Citrus Trees and all other crops

8. All data relating to each respective Reinsurance Year must be included in the same submission, with separate submissions required for each reinsurance year.

9. The amount of premium submitted by the AIP cannot exceed the maximum premium limitation approved by RSD. With each PASS edit, AIPs will receive the Year-to-Date accepted totals on the .sum report. This report notifies the AIP of the summary statistics, including premium accepted as of the report date. When the percentage has reached 100% of maximum premium limitation approved by RSD, RMA will determine whether subsequent processing will be suspended. Accounting reports will be generated based on data received prior to any suspension.

10. Eligible crop insurance contracts may be accepted any time up to the February monthly cutoff date following the reinsurance year. Thereafter, policies will be rejected if they are originally submitted after the February cutoff date. If a situation arises that causes the AIP to be unable to meet this cutoff, justification may be submitted to the DQS representative for RMA review to determine if a waiver is appropriate.

11. Fund Designation

    b. AIPs may designate eligible crop insurance contracts with an accepted Type 9 record to the Assigned Risk Fund by the fund designation cutoff date. AIPs may remove previously assigned Assigned Risk Fund designations on eligible crop insurance contracts by the fund cutoff date, as shown in exhibit 101-1 Fund Cutoff and LRR Dates. All eligible crop insurance contracts not designated to the Assigned Risk Fund will automatically be placed in the Commercial Fund. Fund designation cutoff dates will be determined for eligible crop insurance contracts as follows:

        i. For an eligible crop insurance contract associated with an agricultural commodity with a fixed sales closing date, (including those with multi-year Written Agreements after the initial year), the Type 9 record must be accepted by PASS by the weekly transaction cutoff date for the week including the 30th calendar day after the sales closing date.

        ii. For eligible crop insurance contracts with extended sales periods (i.e., sales are permitted beyond the sales closing date shown in the special provisions), the transaction cutoff dates for the designation of policies to the Assigned Risk funds are:

            1. For new policies, the later of the transaction cutoff date for the week containing the 30th calendar day after the eligible producer signature date or the transaction cutoff date for the week containing the 30th calendar day after the sales closing date.

            2. For carryover policies, the transaction cutoff date for the week containing the 30th calendar day after the sales closing date.

iii. For written agreements requiring annual FCIC approval or for the initial year of an eligible crop insurance contract associated with a written agreement only, (excluding Written Agreement types GP, HR, NL, SP, UA), the Type 9 record must be accepted by PASS by the weekly transaction cutoff date for the week including the 30th calendar day after the RMA written agreement approval date (Print Date.)

iv. For AGR-Lite the sales closing date of 3/15 will be used for new insureds. For Carryover AGR-Lite insureds the cancellation date of 1/31 will be used. For AGR, the sales closing date of 1/31 will be used for all insureds. The Fund must be accepted by eDAS by the weekly transaction cutoff date for the week including the 30th calendar day after the applicable date.

v. If the actuarial documents or ADM have more than one sales closing date for the eligible crop insurance contract, the earliest SCD will be used to determine the fund designation cutoff date, unless the type or practice is reported to indicate the specific SCD.

    1. For crops in counties with both Fall and Spring Sales Closing Dates, if the fall crop is not planted and a zero acreage record is accepted for the fall crop, the fund designation for the spring crop may be changed up to the transaction cutoff date for fund designation for the spring crop.

vi. If an "Added-county" block is used on applications and/or contract change forms in accordance with the Document and Supplemental Standards and Crop Insurance Handbooks, they may timely indicate the primary (designated) county for fund designation by entering the appropriate field value in the multi-added-county flag field for the location state, policy number, crop year and crop code. The primary county for fund designation does not have to match the primary county used for the additional county provisions on the "insurance in force" record (Type 14.)

    1. Subsequent counties established under the "Added-county" procedure and transmitted to PASS after the fund designation deadlines, must be placed in the same fund as the primary (designated) county. Subsequent counties are indicated by placing the appropriate value in the Added-county flag field.

    2. Only category B crops (excluding Forage Production) qualify for added-county.

    3. Subsequent counties can be added after Fund designation cutoff if an insured does not have an interest in any other crop in the added county.

4. Companies must also identify the primary (designated) county policy key (location state/county, AIP number, policy number, crop year, crop code and type code) in the added-county reference policy key fields.

vii. High Risk Ground, or specialty types of soybeans and barley may be excluded from a revenue plan of insurance and insured under a yield based plan of insurance. Fund designations for policies excluded from a revenue plan of insurance may be different than the primary/revenue plan fund designation.

viii. When RMA approves alternate crops, the Type 9 record must be accepted by PASS by the weekly transaction cutoff date for the week including the 60th calendar date after the RMA approval date.

c. AIPs are to notify their DQS representative via e-mail immediately of any problems or issues that may impact previously accepted eligible crop insurance contract data or which prevents timely acceptance of data.

d. Livestock price insurance contracts accepted by the UCM must be designated to the Private Market Fund within two Federal business days of the acceptance date of the contract by FCIC.

12. Determination of LRR Transaction Cutoff Date

a. Exhibit 101-1 contains a modified Sales Closing Date to accommodate sales closing dates falling on a non-business day. It also contains an Extended Sales Closing Date if RMA extends a sales period. If there is not a modified or extended sales closing date only the sales closing date will be shown. PASS uses the latest Sales Closing Date to calculate LRR and fund cutoff dates (this would be the latest possible date), as shown in exhibit 101-1 Fund Cutoff and LRR Dates.

ii. The Type 10 and 14 records identify data elements required for timely reporting of an eligible crop insurance contract. The late change date field will reflect the date of the batch where one or more of these elements were changed. If the company resubmits the 14 record back to the data elements reported by the lockdown date, PASS will reverse the reduction to the lockdown reduction percentage. The company may request a manual change to a data element locked down by the PASS system in error by emailing the requested change and all documentation to their representative in the Data Quality Section. The Data Quality representative will review and research the request and provide the facts to the Data Quality Section Chief who will review the request and documentation and make a

recommendation. The recommendation will be sent to the Director of the Reinsurance Services Division who will approve or deny them.

b. The LRR transaction cutoff date will be determined for eligible crop insurance contracts in accordance with the SRA, except for those eligible crop insurance contracts meeting the following conditions:

1. RMA approved written agreements excluded from LRR cutoff determination under Section IV(b)(6) of the SRA

High Rate Area	(HR)
Acreage not harvested or planted in prev. year	(NB)
Listing Reconsideration for Tobacco 2005	(TL)
Small Grains Interplanted	(SG)
Seed Potato acreage > 12%	(SP)
Written Unit Agreements	(UA)
Unrated Land	(UC)

iii. Additional County Application

If the eligible crop insurance contract was sold under the additional county provision, any subsequent counties will be accepted with the same LRR determination as the designated primary county contract.

iv. Multiple Sales Closing Dates

If the eligible crop insurance contract has more than one sales closing date for the eligible crop insurance contract, the earliest SCD will be used to determine the LRR transaction cutoff date, unless the type or practice is reported to indicate the specific SCD.

B. eDAS Submission

1. Data will be processed through eDAS in real time. eDAS will be operational 24 hours a day and 7 days a week for certain Appendix III sections with exceptions for maintenance. Appendix III sections available in the operational hours listed above, are Agent, Entity, SBI, Policy, Fund, Crop Policy, Adjuster (if applicable), and Reviewer (if applicable). The insurance plan will determine the availability of eDAS for the Premium and Indemnity sections. For example, the Livestock Risk Protection plan will fail any premium or indemnity records sent during certain hours of the day due to ADM data unavailability. If maintenance is required, eDAS will be temporarily shut down, fixes will be migrated into eDAS, and eDAS will be turned on again. eDAS will be unavailable for processing data daily from 12:00 p.m. to 1:00 a.m. for daily maintenance. If at this time eDAS is in the middle of processing data, the data not processed will be rejected.

2. eDAS requires the transmission of Appendix III sections in a certain order. This order by section is as follows:
    a. Agent,
    b. Entity,
    c. SBI,
    d. Policy,
    e. Fund (AGR/AGR-L),
    f. Crop Policy,
    g. Reviewer (if applicable)
    h. Premium,
    i. Fund (Livestock), and
    j. Indemnity

        i. If data is sent out of order, eDAS will send an error back to the AIP in its XML output for the current transaction. For example, Crop Policy data with an Agent ID code must have an accepted Agent section for that Agent ID code.

3. eDAS does not require the bundling of an entire set of sections for a policy. For example, once the Agent data has been accepted by eDAS, it never will have to be sent to eDAS again unless the AIP wishes to update it. Agent data is not required each time Policy or Premium data is sent. This also applies to the SBI data. For example, if five SBI records are required for the Entity, one may be sent today while two more may be sent next week and the remaining two may be sent in two months from now.

4. AIPs will indicate the type of transaction currently being sent to eDAS using the Appendix III fields process flag and change flag.

a. Process Flag indicates whether the transaction is an original, a modification, a deletion, a validation, a quote, a retrieval, cancel or re-instate as defined below.

Transaction Type	Function
Original	First Time Entry. All edits will apply
Modification	Update to an existing record. Key fields and the updated values are required. All other fields will be ignored.
Deletion	Marks the currently accepted record as removed. Key fields will be required for the delete. All other fields will be ignored.
Validation	Will not consider the current transaction as real, but only as a test. All Appendix III edits will apply and errors will be returned to the AIP.
Quote	Only performed on sections associated with corporate calculation modules. Only values necessary to perform the quote will be required as input. A quote will not be treated as a real transaction but will return errors on required fields and corporate calculation results to the AIP.
Retrieval	Indicates an AIP is requesting the information.
Cancel	Indicates an AIP is requesting the information to be canceled. Not applicable for AGR/AGR-L.
Reinstate	Indicates an AIP is requesting the information be reinstated (reverse the use of cancel (flag 8)). Not applicable for AGR/AGR-L.

b. Change flag of 1, 2 or 3 required on an update transaction only and indicates the level of change authority associated with the record. Only fields with a level of change less than or equal to the change flag may be modified. For a Change Flag of 3, the AIP must submit a request to RSD for approval.

i. Only the latest eDAS transactions will be stored in the eDAS database. Input and output data will be stored when an original, update, delete, or cancel takes place. Each of these transactions will also be kept on the web server for a period of time for companies to download. Once an original update, delete, or cancel passes all edits and therefore was accepted by eDAS, it will be copied to the policy database. This will be done frequently during the day.

ii. Quote or validation transactions will not be stored in the eDAS database or written to the Web server.

5. eDAS Retrieval Process

a. There are two ways of retrieving data that has been posted to eDAS:

i. Process Flag 7 – **preferred method for reconciling data between eDAS and other systems, since it returns only what has been accepted directly from the eDAS database, and is therefore, much faster than Transaction Retrieval.**

1. Submit a transaction to eDAS with no more than one of each of the records that are desired. On each record, set the process flag to 7. This instructs eDAS to look for the record in the database, and return records that match the criteria sent in. As much or as little of the record may be sent in, depending on how specific the request is. The only required fields are:
    a. insurance_provider,
    b. reinsurance_year,
    c. insurance_plan_cd (where applicable).

ii. Transaction Retrieval

1. Request a range of actual transactions submitted to eDAS. This method reads the transactions off of the disk, and is slower than using the Process Flag 7. Following is a description of the retrieval processes, as well as parameters that may be used to determine what should be returned.

AGR/AGR Lite and Livestock (2005 and subsequent)

HTML POST/GET	https://online-livestock.rma.usda.gov/apps/edas_service/retrieve.aspx
Filtering Parameters	start_dt (format mm/dd/yyyy) end_dt (format mm/dd/yyyy) start_tm (format hh:mm:ss 24 hour clock) end_tm (format hh:mm:ss 24 hour clock) section_name (comma delimited list of sections desired) start_trans_num (Transaction Sequence Number of first section to be returned) end_trans_num (Transaction Sequence Number of last section to be returned) accepted_rejected (Comma delimited list of character strings.) Values may be A for accepted only, R for rejected only, and B for both accepted and rejected. section_required (Comma delimited list of character strings.) Values may be Y, section required, or N meaning section not required process_type (string that can be either “actual”, “validate” or “all”) Designates what type of process flags to return. Include_warnings (string that can be either yes (Y) or no (N))

	Use Y to return XML with warnings, N to exclude XML with warnings.
Search Parameters (returns transactions submitted in the last 90 days matching the following criteria	
transaction_method	Method by which transaction was submitted to eDAS. Valid values are webservice, webapp or blank.
reinsurance_year	Reinsurance year of the records desired
company	Company listed on the policies related to the records desired
insurance_plan_cd	Insurance plan listed on the crop policies related to the records desired.
policy_number	Policy number of policies related to the records desired.
id_number	ID number of entity or SBI listed on policies related to the records desired
location_state	State listed on policies related to the records desired
location_county	County listed on policies related to the records desired.
agent_ssn	Agent SSN listed on crop policies and premiums related to the records desired.
Example: https://online_livestock.rma.usda.gov/apps/edas_service/retrieve.aspx?start_dt=10/01/2010&end_dt=10/05/2010&section_name=agent,policy,crop_policy&transaction_method=webapp&reinsurance_year=2012&accepted_rejected-A,A,A&section_required=Y,Y,Y&process_type=actual and include_warnings = Y Will return accepted Agents and Policies with or without warnings from 10/01/2011 through 10/05/2011, where the records were submitted using the web application and the reinsurance year was 2012. Additionally, only policies with at least one accepted crop policy record will be returned. This search will not return any validate only records (process_flag of 4&5).	
SOAP	https://online_livestock.rma.usda.gov/apps/edas_service/main.asmx
Retrieve transactions from any date, using the following method. Transaction getTransaction(DateTime startDateTime, DateTime endDateTim, int startTransNum, int endTransNum, int startRecNum, int endRecNum, string[] sectionName, string processType)	
startDateTime	A DateTime object representing the start date and time that you want to retrieve.
endDateTime	A DateTime object representing the end date and time that you want to retrieve.
startTransNum	An Integer that represents the first trans_sequence_num you want to retrieve. 0 for all.
endTransNum	An Integer that represents the last trans_sequence_num you want to retrieve. 0 for all.
startRecNum	An Integer that represents the first record umber you want to retrieve. 0 for all.
endRecNum	An Integer that represents the last record number you want to retrieve. 0 for all.
sectionName	An Array of strings representing the sections you want to retrieve.
processType	A String representing what process flags to return. "All" to return validates and actual records.
To search transactions within the last 90 days, use the following method. Transaction getTransaction(DateTime startDateTime, DateTime endDateTime, int startTransNum, int endTransNum, int startRecNum, int	

endRecNum, string[] sectionName, string[] acceptedRejected, string[] sectionRequired, string transactionMethod, string processType, int reinsuranceYear, int insurancePlanCd, int company, int locationState, int locationCounty, int idNumber, int policyNumber, int agentSSN)	
startDateTime	A DateTime object representing the start date and time that you want to retrieve
endDateTime	A DateTime object representing the end date and time that you want to retrieve
startTransNum	An Integer that represents the first trans_sequence_num you want to retrieve. 0 for all
endTransNum	An Integer that represents the last trans_sequence_num you want to retrieve. 0 for all.
startRecNum	An Integer that represents the first record number you want to retrieve. 0 for all
endRecNum	An Integer that represents the last record number you want to retrieve. 0 for all
sectionName	An Array of strings representing the sections you want to retrieve
acceptedRejected	An Array of characters representing whether sections in section name must be A – accepted, or R – rejected. "B" for both.
sectionRequired	An Array of characters. Y meaning required, N meaning not required. Default is N.
transactionMethod	A string indicating the method by which the transactions desired were submitted to eDAS. Valid values are webservice, webapp or blank.
processType	A string indicating what process flags to return. "Validate for validate only records, "actual" for actual records, or "all" for all records. Default is actual.
reinsuranceYear	An integer indicating the reinsurance year of the records desired
insurancePlanCd	An integer indicating the Insurance Plan listed on the crop policies related to the records desired.
company	An integer indicating the company listed on the policies related to the records desired.
locationState	An integer indicating the state listed on policies related to the records desired
locationCounty	An integer indicating the county listed on policies related to the records desired
idNumber	An integer indicating the ID number of entity or SBI listed on policies related to the records desired
policyNumber	An integer indicating the Policy number of policies related to the records desired
agentSSN	An Integer indicating the Agent SSN listed on crop policies and premiums related to the records desired
includeWarnings	A Boolean indicating whether to include or exclude XML with warnings. Use "true" to include warning and "false" to exclude warnings.
Note: the second web method is an overload of getTransaction with more parameters. In the **SOAP** packet, it will be shown as searchTransaction instead of getTransaction. This will not affect Microsoft.Net developers who can continue to use getTransaction in their code.	

iii. The three web methods to allow for eDAS offline processing are described below:

	Allows an AIP to send XML offline. The trans_sequence_num is returned to

sendOfflineTransaction	the user
getOfflineTransactionStatus	Allows an AIP to poll eDAS using the trans_sequence_num to determine if eDAS has finished processing. A return value of "True" is returned if eDAS is finished. A return value of "False" is returned if eDAS is still processing the transaction.
getofflineTransaction	An overload of getTransaction allows an AIP to retrieve XML using the trans_sequence_num as its only input parameter.

6. Report/submit the number of insurance contracts and indemnified contracts required by Appendix IV to be reviewed. Flag contracts that are reviewed.

C. CIMS SUBMISSION

1. Companies may request insured producer data from CIMS. Before CIMS will return any data to an AIP for a requested insurance policy, the producer's policy must have been previously accepted by RMA and loaded into the CIMS database.

2. AIPs may request CIMS information by submission of a CIMS Request, Type 05 Record. The request record will contain fields for the RMA policy key and the FSA administrative state and county (if needed) and will be used to retrieve FSA producer and/or crop acreage information. The tax id(s) accepted for the policy and the state and county are used to match to the FSA information. There may be cases where the request must be made based on the FSA administrative state and county. In these situations, the AIP will submit the FSA administrative state and county on the request record and the process will use these values and not the RMA location state and county. If the AIP request indicates that a statewide application exists, the returned acreage information will be based on the RMA location state matching to the FSA location state or matching to the FSA administrative state if the FSA administrative state is submitted with the request.

3. The AIP will be able to request information for an insurance policy;

   a. producer information for the primary insureds, including spousal information
   b. producer information for primary insureds and the reported SBIs
   c. up to 5 years of acreage information for the primary insureds including spousal information.

12 Telecommunications

A. PASS Telecommunication Processing

1. Electronic transmission is mandatory for submission of data and dissemination of reports. Electronic transmission provides faster processing turnaround, and more automated processing of data submissions and report handling. This method of processing allows RMA to direct its resources to error resolution and AIP processing support functions.

2. RMA's Insurance Provider Server (IP Server) is a system designed to provide data transmission services for all AIPs and associated organizations which report to RMA. In addition to this, the IP Server also supports connections to RMA's system. Each AIP is responsible for obtaining telecommunications services from any common carrier of their choosing. The IP Server supports VPN and Dial-up connections to the IP Server.

3. All AIPs will need to complete security form FCIC-586 before a connection ID can be provided. Once that ID is provided, connection details are as follows:

Dial-Up – Connectivity can be achieved using	ITU V.90 industry standard modem speeds up to 56 KBPS
	Modems should be configured with no parity, 8 data bits, 1 stop bit and full duplex.
VPN Connections – 2 Available Options	
Checkpoint Secure Client	Connection must be encrypted with the following parameters. 3DES Encryption Algorithm, SHA1, Authentication Algorithm, and Pre-Shared Secret as Authentication Mode
	Client workstations use Checkpoint client which is a free download from the Internet. RMA will provide connectivity documentation for the initial setup and connection. Technical support on the client's side will be the responsibility of the AIP.
Checkpoint Site to Site VPN Connection	A permanent connection to the public Internet is required
	An industry standard firewall capable of a Site to Site VPN Tunnel over the public Internet. Technical support on the client's side will be the responsibility of the AIP.

4. The IP Server can be reached at 1-800-847-3834. This is a toll free call available from anywhere in the continental United States. It currently operates forty-six (46) on ISDN-PRI (Digital) service configured as one access group. Any AIP who chooses may establish a dedicated access to the IP Server via the above mentioned Site to Site VPN connection. Those AIPs who wish to have dedicated access would be required to provide the compatible equipment as listed above. AIPs considering a dedicated connection to the IP Server should contact the System Administration Section before making any purchases.

5. Except for the maintenance periods, AIP may initiate the transmission at the AIP's discretion during operational hours. This could include multiple daily submissions.

6. RMA will retain the option to stop automatic edit processing, at its discretion. AIPs will still be allowed to continue transmitting data, although it is not immediately processed through the PASS. A temporary stop in automatic edit processing should only occur in case of a PASS processing problem, maintenance, or when the timing of edit revisions must coincide with a particular point in time of the submission cycle. In the event that automatic edit processing is stopped for more than one hour, the AIPs will be notified when processing has resumed. All submissions sent during this period will be processed separately in the order they are received.

B. PASS Report Handling

All reports, error listings and operations reports will be made available to the AIP for downloading via the Web Server.

C. eDAS Telecommunications/Security

1. All eDAS transactions will take place on a web server. A user id and password are required to use eDAS. These items will be given to each AIP by RMA upon request. XML data transfer will take place along a 128-bit SSL link. Performing a HTTP XML post to eDAS may be done with many languages including Perl, Java, or Windows Server Com objects XMLDOM and XMLHTTP.

2. AIP must submit a FCI-586 to RMA Security for approval. Upon approval RMA Web Team will establish a Virtual Host on the Web Server and assign a VPN account. RMA Security will assign a Web App account.

3. There are two versions of the web app, Admin and Sales. In both cases, the web app is secured by 128-bit SSL. The Sales web app is not restricted to IP address since an agent could log in from somewhere other than the AIP office. The Admin web app is secured by the AIP ID and password provided by RMA (changed every 6 months). The AIP controls the ID and password of their agents to be used for the Sales web app. Agents can log into the Sales web app using the ID and password that is submitted via the agent section. If an AIP does not provide an ID and password for an agent, that agent will not have access to the Sales web app. For problems related to ID or password contact RMA Web Team at 816-926-7301 or via email webteam@rma.usda.gov.

URL'S	
POST (SOAP)	
Test	https://online-test.rma.usda.gov/apps/edas_service/main.asmx
Production	https://online-livestock.rma.usda.gov/apps/edas_service/main.asmx
POST (W/O SOAP)	
Test	https://online-test.rma.usda.gov/apps/edas_service/index.aspx
Production	https://online-livestock.rma.usda.gov/apps/edas_service/index.aspx

13 Processing Considerations

A. PASS Processing considerations

1. RMA will maintain Policy Databases which contain the current net cumulative effect of all transactions for an eligible crop insurance contract and required supporting data. An eligible crop insurance contract is identified in the policy database, based on the following fields, AIP,

Location State, Policy number and Crop Year. All transmitted records accepted for a policy fully replaces all previously accepted data for the eligible crop insurance contract.

2. RMA Internal use only and Filler record type fields will be initialized by RMA. AIP transmitted data will be replaced with appropriate default value and may be overlaid with RMA Internal values.

3. Acceptable record types and specific handling considerations for PASS are as follows:

Type 5 Record CIMS Request	Type 5 records are used to request insured producer data from CIMS. Type 5 records are not processed by PASS. The Type 5 record will be used to retrieve approved FSA producer and/or crop acreage information from the CIMS. The Type 5 records will be transferred from the secured IP Server to the CIMS for processing. The request information, along with the original request record and status codes outlining success/failure in the process, will be placed on the IP server returned to an AIP. The AIP may then extract the CIMS information from the secured IP server.
Type 9 Record Fund Designation	Timely acceptance of the Type 9 record is required to establish the eligible crop insurance contract into the Assigned Risk Fund. Any eligible crop insurance contract not designated by the AIP to the Assigned Risk Fund will be automatically designated to the Commercial Fund. If an eligible crop insurance contract was established into the Assigned Risk Fund, the policy can be automatically established in the Commercial fund by deleting the Assigned Risk Fund designation before the Fund Designation transaction cutoff date for the eligible crop insurance contract. If a Type 9 Assigned Risk record is not accepted for an eligible crop insurance contract, it will be designated as commercial. The type code and practice code may be required for crops with more than one sales closing date to determine fund designation based on the sales closing date. Type 9 records are submitted for the eligible crop insurance contract on location state and location county basis. Once a record has been accepted it does not need to be resubmitted. RMA may accept fund designations records after the ADM Records have been released for the crop. Refer to Fund Designation Guidelines in Exhibit P09-1.
Type 10 Record, 10A, 10B Policy Records	Type 10 records are used to establish a policy and provide information regarding the policyholder and entities with a SBI, Spouse, Landlord and Transfer of right to indemnity. For the 2012 and subsequent Reinsurance Years, the Approved Insurance Providers (AIPs) will be required to utilize the Internal Revenue Service (IRS) e-Services Taxpayer Identification Number (TIN) matching applications to verify the TIN for all new or transferred insurance policies. IRS e-Services users must register to

	have access to web-based products that include TIN Matching applications. To register for IRS e-Services, the AIP must visit the IRS e-Services at the following link: http://www.irs.gov/taxpros/article/0,,id=109646,00.html and follow the directions on the website. The TIN Matching system is accessible 24 hours a day, 7 days a week. Support services include an on-line tutorial to assist customers with the registration, application, and TIN Matching process. IRS e-Services customer assistance is available toll-free at 1-866-255-0654, 7:30 a.m. to 7:00 p.m., EST, Monday through Friday. The AIP must obtain authorization from the policyholder to utilize the IRS e-Services for the TIN matching purposes. A Type 10 record requires at least one Type 14 record to be submitted with it. The Type 10 record identifies the data elements required for the timely reporting of an eligible crop insurance contract. The PASS requires a Type 10 and 10A record. This is the "primary" insured, and establishes the contract within the system. If a Type 10 is not submitted, then all records for the contract will be rejected. PASS will allow a Type 10 record for each crop year covered under the policy number. All Type 10B records are considered a Spouse, SBI, Landlord or Transfer of right to indemnity entities with a SBI in the farming operations of the primary insured. 10B Other Person SBI records are required for the determination of the timely reporting of an eligible crop insurance contract. If any Type 10 record is rejected, then all records for the contract will be rejected. SBI record requirement is based on the entity type on the primary Type 10 record (See Exhibit 10-1). A Type 49 Delete record will remove the policy and all records for the policy from RMA's Databases and Duplicate files.
Type 11 Record Acreage	Type 11 records are used to establish premium and liability for each acreage line. The record also identifies the land location and allows reporting of common USDA information. Legal descriptions in a section that has a high risk area designation will receive a warning for partial sections and be rejected for sections completely within a high risk area designation. A Type 11 record will not be accepted until corresponding Type 10, Type 14, Type 15 (if required - See ICE D00066), and Type 27(if required - See ICE D00116) records have been accepted by the PASS. A Type 11 zero acreage record must be submitted for zero acres, uninsured acres, no history acres (no APH records) and units not planted, on the eligible crop insurance contract. To modify data previously accepted, all current and valid records for the policy

	must be resubmitted. A Type 11 record will not be accepted until after the monthly cutoff preceding the date insurance attaches for the insured commodity.
Type 12 Record Payment	Type 12 records are used to record/report payments by producers for each eligible crop insurance contract. Only one Type 12 record per payment type code will be accepted for the contract. Type 12 transactions may be removed by resubmitting all applicable records for the crop insurance contract or via the Type 49 delete record with the exception of payment type '02' or '03'. When reporting CAT fee payments (either money or loss credit) using the Type 12 record, use the payment type "02". A CAT fee receivable must exist before a CAT fee payment is accepted, and the paid amount for CAT fees cannot exceed the total receivable amount reported on the Type 65 record. The paid amount for CAT fees is cumulative. The paid date also must be greater than the debt delinquency date reported on the Type 65 record. Error conditions will occur for any of the following: duplicate Type 12 records, a paid date less than or equal to the debt delinquency date, no match to a receivable, and a paid amount with a $0 value. When reporting CAT fee payment reversals using the Type 12 record, use the payment type "03". The paid amount for reversals must equal the paid amount reported using payment type "02". The paid date must be the same as the paid date reported on the payment type "02". The "03" payment type code is the only way to reverse a CAT fee payment. Error conditions will occur for any of the following: duplicate Type 12 records, and the paid amount and/or paid date do not match the previous "02" payment. The Type 49 delete record cannot be used to remove a CAT fee payment. Only the "03" payment type can be used to remove a CAT fee payment. When reporting state subsidy use payment type code "04", when applicable. When reporting Financial Assistance Program use payment type code "06", when applicable.
Type 13 Record Inventory Value Record	Type 13 records are used to establish premium and insurance values for Nursery (0073) and Aquaculture (0116). A Type 13 record will not be accepted until corresponding Type 10 and Type 14 records have been accepted. In addition, a Type 13 record for Aquaculture (Clams) will not be accepted until corresponding Type 27 has been accepted. A Type 13 record will not be accepted until after the monthly cutoff preceding the date insurance attaches for the insured commodity.
Type 14 Record Insurance In Force	The Type 14 record establishes the crop, county, plan code and reports the eligible crop insurance contract data determined at Sales

Record	Closing. The Type 14 record identifies the data elements required for timely reporting of eligible crop insurance contracts. The type code and practice code may be required for crops with more than one sales closing date to determine eligibility based on the sales closing date. Refer to Exhibit P14-1. To avoid incurring LRR, an Insurance In Force, "P14" with the following elements must be accepted before the LRR Cutoff Date: AIP Code, Location State Code, Policy Number, Commodity Code, Commodity Year, Insurance Plan Code, Location County Code, Coverage Type Code, Late Reported Reason Code, Dual Coverage Flag, Contract Carryover Flag, Coverage Level Percent, Price Election Percent, and Price Indicator Code.
Type 15, 15A Records Yield Yield History	The Type 15 records are used to record/report APH yield information for designated crops. A warning message will be issued to companies when the yield year is less than 1970. If a Type 15 record(s) is rejected, the corresponding Type 11 record will be rejected. A Yield "P15" record, must be accepted before a Yield History "P15A" record, will be accepted.
Type 20, 20A Type 21 and Type 22 Records Loss Total Loss Line Record Inventory Loss Record (Nursery & Aquaculture)	The Type 21 and 22 Records establish the loss amounts for a given eligible crop insurance contract and the Type 20 Record identifies the application or disbursement of loss payments. AIPs must transmit denied claim records to RMA with all applicable fields recorded for any claim for indemnity inspected by a loss adjuster and denied by the AIP thus resulting in no indemnity payment. PASS will not automatically accept loss records if the price, coverage level, or market price indicators are accepted or modified after the notice of loss, producer signature date or loss adjuster signature date on the loss records. Type 20 records are linked by Claim Number to corresponding Type 21/22 records. Therefore, all Type 20 and 21/22 records for an eligible crop insurance contract from the transaction file will replace all Type 20 and 21/22 records for the eligible crop insurance contract on the Policy database. If a Type 20, 21 or 22 record is rejected, all Type 20, 21 and 22 records for the Claim Number will be rejected. If a Type 11 or 13 record is rejected, the corresponding Type 21/22 records for the crop are rejected, also all other Type 21/22 records for the Claim Number(s) of the rejected crop, along with all applicable Type 20

	records for the Claim Numbers of the rejected Type 21/22s. Optional: An AIP can submit Type 20 losses with loss total code of 'D', Unfunded Escrow, to ensure records clear PASS edits before sending an 'E', Escrow Funded. All loss total codes from the Type 20 will need to be sent every time because the sum of the loss totals should equal the indemnity amount on the Type 21/22 records. Type 20, 21 and 22 Processing: The Type 20 record is submitted in support of the Payable element in the Type 21 or 22 record. There are multiple "buckets" which identify the breakdown of the indemnity amount: premium on the policy for current year with the loss (M), premium on another policy for current year(P), administrative fees (F), other (O), recovery of a prior or subsequent reinsurance year premium or loss (R) The total of any loss application code must be greater than zero**.** One Type 21/22 record is submitted for each loss line. More than one Type 20 record may be submitted, if needed, to support the 21/22 record(s). If any of the "Total" fields on the Type 20 Record contain a "P", the corresponding "P/CR Memo State" and "P/CR Memo Policy Number" fields must contain the Location State and Policy Number for current year to which the "P" amount will be applied. The RAS will show the generated "P" amounts in the loss credit column of the summary report on the designated crop insurance contract. If part of the loss is to be applied to an eligible crop insurance contract under a different AIP number than the eligible crop insurance contract with the loss, the "P/CR Memo Company" field must also be entered. If "P/CR Memo Company" is not entered (value of 000),PASS assumes the same AIP number as the eligible crop insurance contract with the loss and will generate the loss credit accordingly. 2 Rejected P/CR Memo Posting If the P/CR Memo Policy does not exist in the database or the P/CR Memo Policy has zero premium, then the P/CR Memo posting is rejected. Generated P/CR Memo amounts will not be allowed to create an overpayment on a eligible crop insurance contract. Such rejected postings are printed on a RAS error report titled "P/CR memo Reject Listing." An example of this report is found in Exhibit 1-10. This report will

	be furnished to AIP with their Monthly Settlement report.
Type 27, 27A Records Land ID	By the February accounting cutoff following the RY, each AIP is to report 50% of the total additional coverage acreage for insurance plans 01, 02, and 03, at the CLU level identified by the FSA farm, tract and field. All acreage for the unit is to be reported on the Type 27 record with a land identifier type of "C", ("CLU") in field number 11. Acreage that is accepted on the type 27 record with a land identifier type of "C" will count towards the 50% acreage requirement. The total acreage used to calculate the 50% will be determined using only those counties where RMA has provided valid CLU data. Acreage covered by an accepted Written Agreement must be reported at the CLU level if it requires the insured to report acreage at the CLU level identified by the FSA farm, tract, and field level. The Land Other Person Sharing P27A contains information about the Land Other Person Sharing relationships. Information contained on this record includes the Key fields necessary to track and identify the land being shared with the producer as well as identifying the Person Sharing and the share in the production.
Type 48 Records Delete Records	This record deletes the following record types: P51, P54, P55, P56, P57 and P58.
Type 49 Records Delete Records	The Type 49 Records are used to remove all records for the eligible crop insurance contract from the data base(s) and the Dup process. Only one Type 49 Record will be processed per eligible crop insurance contract from the transaction file. Subsequent Type 49 Records for the same eligible crop insurance contract will be rejected. Type 49 records are processed independently after all other record types have been processed for the eligible crop insurance contract.
Type 51 Records Conflict of Interest Policy Reporting Record	Type 51 record is a record to report a COI respondent's potential conflict with a policy. Type 51 records are processed by the AIP for each policy and acceptance of this record is dependent upon acceptance of corresponding 54 or 55 or 56 records. Each record must provide a response identifying either a 54 Company Employee, 55 Agent or 56 Loss Adjustor. All Conflict of Interest questions are required to have an entry. The information must be for the crop year of the crops reported under the policy. All Type 51 records reported in a batch will replace all previously reported Type 51 records. The Type 49 delete record has no impact on this Type 51 record.
Type 54 Records	Type 54 is a record for Agency/Company employee data.

Agency/Company Employee Data	Type 54 records require a tax identification number for all records. This record also includes Conflict of Interest (COI) question responses. Type 54 records must be reported for any Company Employee who was required to complete a COI questionnaire under MGR-08-001 when their response to COI question #1 or #2 was "Yes". A 54 record must be accepted for the AIP and Company Employee ID before a corresponding 51 record will be accepted. All 54 records completely replace any previously submitted 54 records. Type 54 records will not appear in the Policyholder Tracking System.
Type 55, 55A, 55B Record Agent Data	The Type 55 Records are used to record/report agent information. Record 55 includes fields related to Conflict of Interest Questionnaire (COI) on the Type 51 record. The Type 55 record must be accepted for the AIP and Agent ID before 51 records will be accepted. Type 55 records may be processed independently or with all other PASS records. This data will be collected by AIP and will be stored in order to identify agents, provide agent counts for AIP, and facilitate the creation of the Agent Location Directory. The agent records on the database are maintained by the AIPs. The acceptance of Type 11, 13 and 14 acreage records is dependent on acceptance of a valid agent SSN on a Type 55 record. Multiple records can be submitted for each county serviced by the agent to be used to facilitate access to the active agents and alternative language agents available in the Agent Location Directory. RMA provides agent information to sell crop insurance or livestock insurance as a service to our customers. The Agent Location Directory will not display information for Inactive or Unlisted agents. Each submission must include the AIP's cumulative agent file for the reinsurance year in its entirety. AIPs are to only report licensed and/or certified agents who are actively participating in the delivery of FCIC approved products. The accepted agent records from each submission will replace all previously submitted agent records. Records will be rejected if the individual agent is currently disbarred or suspended. 55A Insurance Agent Agency identifies the Agency for an Agent.

	55B Insurance Agent Servicing State identifies servicing area for agent locator.

Type 56 Record Loss Adjuster Data	The Type 56 Record is used to record/report loss adjuster information. Record 56 includes fields related to Conflict of Interest Questionnaire (COI) on the Type 51 record. The Type 56 record must be accepted for the AIP and Adjuster ID before the Type 51 records will be accepted. Type 56 records may be processed independently or with all other PASS records. This data will be collected by AIP and will be stored in order to identify loss adjusters, provide loss adjuster counts and facilitate compliance analysis. Each submission must include the AIP's cumulative adjuster file for the reinsurance year in its entirety. The accepted adjuster records from each submission will replace all previously submitted adjuster records. The acceptance of Type 21 and 22 loss records is dependent on acceptance of a valid loss adjuster SSN on a Type 56 record. Records will be rejected if the individual adjuster is currently disbarred or suspended.
Type 57 Record Quality Control Reporting	A type P57 record must be reported within 20 business days of completing each review required to be performed by Appendix III or IV. Acceptance of the P57 record is not dependent upon acceptance of any other policy record. All Type 57 records reported in a batch will replace all previously reported Type 57 records. The Type 49 delete record has no impact on this Type 57 record.
Type 58 Record Notice of Loss Reporting	Type 58 records are be used to provide damage estimates to USDA, and keep RMA apprised of potential losses and occurrences by cause, date, location and type (prevented planting, replant, production loss, other) on a national level. This will be unverified information. Notice of loss records must be submitted within five business days of the date the AIP received the notice of loss for the policy. Multiple Type 58 records must submitted for a crop/county combination using different record numbers. Timely processed Type 10 and Type 14 records are required before a Type 58 record will be accepted. Type 58 records can be deleted using the Type 48 record.
Type 60 Ineligible Producer Input Record	Type 60 records are used to submit information regarding a producer's ineligibility status for participation in the crop insurance program. These records must be submitted in a separate file from all other record types and placed in the IT Input directory that has been established for each transmitting AIP on the IP server. Once per day a process collects all files transmitted, validates the data submitted and outputs 3 types of files to the IT Output directory on the IP server : 1) .acp - accepted transactions, 2) .rej - rejected transactions and 3) .err - error codes. The accepted transactions are

	loaded to the Ineligible Tracking System database and notification letters are generated and distributed to the ineligible producers upon their initial entry into the system for a period of ineligibility.
Type 60E Ineligible Producer Error Record	Type 60E records are generated during the Ineligible Tracking edit process. They will contain all errors for each Type 60 record that is rejected during the edit process. The file containing these records is placed in the submitting companies' IT Output directory on the IP server (.err).
Type 61 Ineligible Producer Output Record	Type 61 records are generated from the Ineligible Tracking System database and output to the IT Output directory on the IP server for all companies. This file is an accumulation created daily after each ITS load of ALL producers that have been reported as ineligible, their period(s) of ineligibility and their current eligibility status. This also includes persons reported by the Risk Management Agency for suspension/disqualification/debarment.
Type 65 CAT Fee Receivable Record	Type 65 records are submitted along with Type 60 (Ineligible Producer) if the debt is all or partially due to unpaid CAT fees
Type 70 Record	Type 70 records are submitted monthly by AIPs for their SBOB to reflect the current status of the AIP Database
Type 71 Record	Type 71 records are returned by RMA identifying any differences at the state level from the SBOB data.
Type 81 Record Policy Holder Tracking Experience Inquiry	Type 81 records are output records that are initiated by the setting of the Experience Inquiry flag on the Type 14 record (position 92) for an eligible crop insurance contract. If the Experience Inquiry flag is a 'Y' only the previous year information will be accessed. If the Experience Inquiry flag is a 'F' the previous five years of information will be accessed Both the one-year and five year inquiries are based on the ID Number from the associated Type 10 record (position 82) to perform a search against the data to locate all information for the producer and any SBI's for the crop/state/county contained in the requesting 14 record. The data retrieved is imbedded in the "body" of the Type 81 record (positions 21 - 331) in the same field order and format as that specific in the record type. All Type 10, 11, 14, 15. 21, 27 and 58 records found are returned to the requesting AIP. The Type 14 record that requested the inquiry is imbedded in the Type 81 record when: 1) the value of the Experience Inquiry flag is an invalid value, 2) no prior year records were found for the producer, or 3) when the producer's prior year insurance was with the requesting AIP. RMA may limit repeated Policy holder tracking requests.

B. eDAS Processing Considerations

1. RMA maintains all eDAS transactions in a database. Exception for new eDAS format, this will be the most recently accepted transactions stored in the database. Once an original, modify, delete, or cancel passes all edits and therefore is accepted by eDAS, it will be copied to the Policy database.

2. eDAS does not require the bundling of an entire set of sections for a policy. Once the data is accepted only the 'KEY' and data being modified will need to be resent.

   a. Note - under the new eDAS format on an update, only the key fields that define the sections are required plus any changed fields or new sections.

3. Change flag will default to 2 and process flag will default to 1 unless otherwise indicated. A section will inherit the change flag and/or process flag of the parent section unless set by that section. Example: <SBI process flag = "2">.

4. Acceptable sections and specific handling considerations are as follows:

Agent	The AGENT section (Exhibit 112) is used to record/report agent information. This data will be used by RMA to identify agents, provide agent counts for AIP, facilitate the creation of the Agent Location Directory and RMA planning purposes. eDAS will separate agencies for an agent by using the DETAIL_NUM, listed on the APPENDIX III AGENT section in the DETAIL section. Each DETAIL_NUM represents a separate agency (i.e. Agent ID Code). Use 'comma delimited' to list multiple directory counties for an agent (Example: <DIRECTORY_COUNTY>1,2,215</DIRECTORY_COUNTY>). The acceptance of PRODUCER and PREMIUM are dependent on the acceptance of a valid agent SSN. Only report licensed and/or certified agents who are actively participating in the delivery of RMA approved livestock and AGR/AGR-L products. Records will be rejected if the individual agent is currently disbarred or suspended.
Adjuster	The ADJUSTER section (AGR/AGR-L, Exhibit 111) is used to record/report loss adjuster information. Indemnity section (AGR/AGR-L, Exhibit 151-2) is dependent on acceptance of a valid loss adjuster SSN. Data will be rejected if the individual adjuster is currently disbarred or suspended.
Employee	The Employee section (Exhibit 113) is used to record/report employee information. The company is required to report employee (other than agent or adjuster) if the employee was required to complete a COI Questionnaire under MGR098-001 when the response to COI question #1 or #2 was 'YES'
	The REVIEWER section (Exhibit 116) is used to record/report reviewer information. For Livestock the AIP is required to review a

Reviewer	minimum of 5 percent of the insurance contracts and 5 percent of indemnified contracts. This data will be used by RMA to facilitate compliance analysis. Premium and indemnity that have been reviewed (flagged) are dependent on eDAS acceptance of a reviewer. Reviewer SSN reported on premium and indemnity will be verified against the reviewer database.
Conflict	The Conflict section (Exhibit 118) is used to record/report COI information. The company is required to report COI information if any employee has indicated a conflict with a policy. An Agent, Adjuster or Employee section must be accepted for the AIP and COI Respondent Tax ID before a Conflict Section will be accepted.
Entity	The Entity section (Exhibit 121) is used to record/report the producer information
SBI	The SBI section(Exhibit 126) is used to record/report substantial business interests information related to the entity. The company is required to collect and report all entities with significant business interests. This data will include SSN, EIN, and share of the SBIs.
Policy	The Policy section (Exhibit 122) is used to record/report the policy number
Fund	The FUND section (Livestock, Exhibit 130 and AGR/AGR-L, Exhibit 131) is used to record/report fund designation information. Livestock - eDAS will generate initial fund data with fund designation flag set to 'C' (Commercial Fund) when premium is accepted AIP may designate to Private Market Fund by resubmitting fund data with flag set to 'P' within two Federal workdays after the acceptance date of premium (fund lockdown date). Example: premium accepted by eDAS/UCM Monday, lockdown will be Wednesday at midnight. If change flag equals 3, AIP must submit a request to Reinsurance Services Division (RSD) for approval. AGR/AGR-L - The Fund section will be used to designate for the crop/plan Assigned Risk,. If a crop/plan was established into the Assigned Risk Fund the crop/plan can be timely removed and automatically established in the Commercial Fund.
Payment	The PAYMENT section (AGR/AGR-L, Exhibit 124) is used to record/report payments by producers for each policy. Only one payment section per payment type code will be accepted for the policy. When reporting state subsidy use payment type code "4".
	The Crop Policy section (Livestock, Exhibit 119 and AGR/AGR-L, Exhibit 123) is used to record/report the crop, insurance plan, and location county. A policy cannot be active for both livestock products (LGM and LRP) for a commodity at the same time within the same reinsurance year and location state. The existing policy can be cancelled if the coverage period has ended and the producer wants to insure another livestock

Crop Policy	product. Example: Product 1 was purchased for 90 days of coverage. At the end of that coverage the insured can cancel product 1 and purchase product 2 during the next sales period. For AGR/AGR-L, only 1 crop policy per Tax-ID (Entity) nationwide is allowed. Cannot have both insurance plans.
Premium	The PREMIUM section (Livestock, Exhibit 135-0 & 140-0 and AGR/AGR-L, Exhibit 151-0) is used to record/report premium and liability information. Insurance plan will determine the availability of eDAS and type of data necessary in submission of premium. Premium is dependent on eDAS acceptance of agent, entity, SBI (if applicable) and reviewer (if applicable) and the acceptance by the UCM. Coverage may not be available if the UCM has been expended. When premium is accepted eDAS will assign an approval number. If change flag equals 3, AIP must submit a request to Reinsurance Services Division (RSD) for approval. For AGR/AGR-L, all detail information must be submitted each time any information is updated. The detail section contains information that's used in the validation and determination of premium.
Disbursement	The DISBURSEMENT section (AGR/AGR-L, Exhibit 150) is used to record/report disbursement information
Indemnity	The INDEMNITY section (Livestock, Exhibit 135-2 & 140-2) and AGR/AGR-L, Exhibit 151-2) is used to record/report indemnity information. Indemnity is dependent on eDAS acceptance of agent, entity, SBI (if applicable), premium, reviewer (if applicable), and adjuster (if applicable). AIP is responsible for determining if an indemnity is due and submission of data to eDAS for validation and acceptance. If change flag equals 3, AIP must submit a request to Reinsurance Services Division (RSD) for approval.

5. Following is an example of the XML_TEMPLATE for AGR/AGR-L:

```
A.   Example of new XML_TEMPLATE for AGR/AGR-L:

      <TRANSACTION>

         <AGENT>

            <!-- Refer to Exhibit 112 for tag information. -->

            <AGENT_DETAIL>
```

```
            <!-- Refer to Exhibit 112 for tag information. -->
         </AGENT_DETAIL>
         <AGENT_DETAIL>
            <!-- Refer to Exhibit 112 for tag information. -->
         </AGENT_DETAIL>
      </AGENT>
   </TRANSACTION>

   <TRANSACTION>
      <ADJUSTER>
         <!-- Refer to Exhibit 111 for tag information. -->
         <ADJUSTER_DETAIL>
            <!-- Refer to Exhibit 111 for tag information -->
         </ADJUSTER_DETAIL>
      </ADJUSTER>
   </TRANSACTION>
   <TRANSACTION>
      <REVIEWER>
         <!-- Refer to Exhibit 116 for tag information -->
      </REVIEWER>
   </TRANSACTION>

   <TRANSACTION>
      <ENTITY>
         <!-- Refer to Exhibit 121 for tag information. -->
         <ENTITY_DETAIL>
            <!-- Refer to Exhibit 121 for tag information. -->
         </ENTITY_DETAIL>
         <SBI>
```

```
            <!-- Refer to Exhibit 126 for tag information. -->
         </SBI>
         <SBI>
            <!-- Refer to Exhibit 126 for tag information. -->
         </SBI>
      </ENTITY>
   </TRANSACTION>

   <TRANSACTION>
      <POLICY>
         <!-- Refer to Exhibit 122 for tag information. -->
         <FUND>
            <!-- Refer to Exhibit 131 for tag information. -->
         </FUND>
         <PAYMENT>
            <!-- Refer to Exhibit 124 for tag information. -->
         </PAYMENT>
         <DISBURSEMENT>
            <!-- Refer to Exhibit 150 for tag information. -->
         </DISBURSEMENT>
         <CROP_POLICY>
            <!-- Refer to Exhibit 123 for tag information. -->
            <PREMIUM>
               <!-- Refer to Exhibit 151-0 for tag information -->
               <PREMIUM_DETAIL>
                  <!-- Refer to Exhibit 151-0 for tag information -->
               </PREMIUM_DETAIL>
            </PREMIUM>
            <INDEMNITY>
```

```
            <!-- Refer to Exhibit 151-2 for tag information -->
         <INDEMNITY_DETAIL>
            <!-- Refer to Exhibit 151-2 for tag information -->
         </INDEMNITY_DETAIL>
      </INDEMNITY>
      <PREMIUM>
         <!-- Refer to Exhibit 151-0 for tag information -->
         <PREMIUM_DETAIL>
            <!-- Refer to Exhibit 151-0 for tag information -->
         </PREMIUM_DETAIL>
      </PREMIUM>
   </CROP_POLICY>
   <CROP_POLICY>
      <!-- Refer to Exhibit 123 for tag information -->
      <PREMIUM>
         <!-- Refer to Exhibit 151-0 for tag information -->
         <PREMIUM_DETAIL>
            <!-- Refer to Exhibit 151-0 for tag information -->
         </PREMIUM_DETAIL>
      </PREMIUM>
      <INDEMNITY>
            <!-- Refer to Exhibit 151-2 for tag information -->
         <INDEMNITY_DETAIL>
            <!-- Refer to Exhibit 151-2 for tag information -->
         </INDEMNITY_DETAIL>
      </INDEMNITY>
   </CROP_POLICY>
   <CROP_POLICY>
      <!-- Refer to Exhibit 123 for tag information -->
```

```
                </CROP_POLICY>
            </POLICY>
        </TRANSACTION>
```

D. Example of XML_TEMPLATE for Livestock:

```
<TRANSACTION>
    <AGENT>
    <!-- Refer to Exhibit 112 for tag information. -->
        <AGENT_DETAIL>
        <!-- Refer to Exhibit 112 for tag information. -->
        </AGENT_DETAIL>
        <AGENT_DETAIL>
        <!-- Refer to Exhibit 112 for tag information. -->
        </AGENT_DETAIL>
    </AGENT>
</TRANSACTION>

<TRANSACTION>
    <REVIEWER>
    <!-- Refer to Exhibit 116 for tag information -->
    </REVIEWER>
</TRANSACTION>

<TRANSACTION>
    <ENTITY>
    <!-- Refer to Exhibit 121 for tag information. -->
        <ENTITY_DETAIL>
        <!-- Refer to Exhibit 121 for tag information. -->
```

```
            </ENTITY_DETAIL>
            <SBI>
            <!-- Refer to Exhibit 126 for tag information. -->
            </SBI>
            <SBI>
            <!-- Refer to Exhibit 126 for tag information. -->
            </SBI>
        </ENTITY>
</TRANSACTION>

<TRANSACTION>
        <POLICY>
        <!-- Refer to Exhibit 122 for tag information. -->
            <CROP_POLICY>
                <!-- Refer to Exhibit 119 for tag information. -->
                <PREMIUM>
                <!-- Refer to Exhibit 135 for LRP tag information -->
                <!-- Refer to Exhibit 140 for LGM tag information -->
                    <FUND>
                    <!-- Refer to Exhibit 130 for tag information. -->
                    </FUND>
                    <INDEMNITY>
                    <!-- Refer to Exhibit 135-2 for LRP tag information -->
                    <!-- Refer to Exhibit 140-2 for LGM tag information -->
                    </INDEMNITY>
                </PREMIUM>
                <PREMIUM>
                <!-- Refer to Exhibit 135 for LRP tag information -->
                <!-- Refer to Exhibit 140 for LGM tag information -->
```

```
                <FUND>
                <!-- Refer to Exhibit 130 for tag information. -->
                </FUND>
                <INDEMNITY>
                <!-- Refer to Exhibit 135-2 for LRP tag information -->
                <!-- Refer to Exhibit 140-2 for LGM tag information -->
                </INDEMNITY>
            </PREMIUM>
        </CROP_POLICY>
        <CROP_POLICY>
        <!-- Refer to Exhibit 119 for tag information -->
            <PREMIUM>
            <!-- Refer to Exhibit 135 for LRP tag information -->
            <!-- Refer to Exhibit 140 for LGM tag information -->
                <FUND>
                <!-- Refer to Exhibit 130 for tag information. -->
                </FUND>
                <INDEMNITY>
                <!-- Refer to Exhibit 135-2 for LRP tag information -->
                <!-- Refer to Exhibit 140-2 for LGM tag information -->
                </INDEMNITY>
            </PREMIUM>
        </CROP_POLICY>
        <CROP_POLICY>
        <!-- Refer to Exhibit 119 for tag information -->
        </CROP_POLICY>
    </POLICY>
</TRANSACTION>
```

E. Example of XML error layout:

```
<ERROR>
```

```
  <ELEMENT_NAME></ELEMENT_NAME>
  <NUMBER></NUMBER>
  <ID></ID>
  <NAME></NAME>
  <RECEIVED_VALUE></RECEIVED_VALUE>
  <EXPECTED_VALUE></EXPECTED_VALUE>
  <TEXT></TEXT>
</ERROR>
```

F. Example of XML warning layout:

```
<WARNING>
  <ELEMENT_NAME></ELEMENT_NAME>
  <NUMBER></NUMBER>
  <ID></ID>
  <NAME> </NAME>
  <RECEIVED_VALUE />
  <EXPECTED_VALUE />
  <TEXT></TEXT>
</WARNING>
```

G. Example of XML Disbursement with process flag 1, 2, or 3 where an Indemnity already exists. Automatic deletion of Indemnity is required:

```
<policy process_flag="2" change_flag="2">
        <disbursement process_flag="3">
        </disbursement>

        //Automatic deletion of Indemnity by eDAS
```

```
        <crop_policy process_flag=”2” change_flag=”2”>
                <indemnity process_flag=”3”>
                 </indemnity>
        </crop_policy>

        //Any other XML sent by company for this policy
       <???>
       </???>
</policy>
```

H. Example of XML Indemnity with process flag of 3 (delete) causing Disbursements to be set to warnings automatically by eDAS.

```
<policy process_flag=”2” change_flag=”2”>
    <crop_policy process_flag=”2” change_flag=”2”>
        <indemnity process_flag=”3”>
        </indemnity>
    </crop_policy>

    //eDAS automatically does an update on Disbursement(s) and sets them to have warnings.
    <disbursement process_flag=”2” change_flag=”2”>
    </disbursement>
</policy>
```

I. Example of XML message layout:

```
    <message>
        <element_name></element_name>
        <number></number>
        <id></id>
        <text></text>
</message>
```

C. Ineligible Tracking System Processing Considerations

The PASS edit process accesses the ineligible tracking system database to validate policy records. PASS will reject eligible crop insurance contracts for a producer if the applicable sales closing date/termination date for the crop in the county falls during a period of ineligibility. Consider the following examples:

Single Sales Closing Date			
Prior Year Term Date is the same as the Sales Closing Date	Producer Reported as Ineligible	• Producer Became Ineligible on 3/15/2011 • A policy is submitted for a crop with sales closing date and prior year termination date of 3/15/2011	Policy rejects for the crop since the sales closing date is greater than or equal to the date of the ineligibility. If the sales closing date had been prior to the date of ineligibility, the crop policy would have been accepted.
Prior Year Term Date is the same as the Sales Closing Date	Producer Reported as Ineligible and has Become Eligible	• Producer became ineligible on 9/30/2009 • Producer became eligible on 3/16/2011 • A policy is submitted for a crop with a sales closing date and prior year term date of 3/15/2011	The policy would be rejected for that crop since the sales closing date falls within the period of ineligibility. If the eligible date had been 3/15/2011, the crop policy would have been accepted.
Prior Year Term Date is the same as the Sales Closing Date	Producer with more than one period of ineligibility	• Producer became ineligible on 9/30/2009 • Producer became eligible on 12/01/2009 • Producer became ineligible on 2/01/2011 • Producer became eligible on 3/15/2011 • A policy is submitted with 3 crops: ○ Crop 1 – SCD =	The policies for Crop 1 and Crop 3 would be rejected since the sales closing dates fall within the period of ineligibility. The policy for Crop 2 would be accepted since the sales closing date for that crop falls within a period of time that the producer is eligible.

		10/31/2009 ○ Crop 2 – SCD = 1/31/2011 ○ Crop 3 – SCD = 2/28/2011	
Prior Year Term Date is later than the Sales Closing Date	• Producer became ineligible on 4/15/2011 • A policy is submitted for a crop with sales closing date of 3/15/2011 and prior year termination date of 4/15/2011		The policy would be rejected for that crop since the prior year termination date is the same as the ineligible date. The prior year termination date is used to determine eligibility in this situation because the producer would unfairly be allowed a policy for the next crop year if the sales closing date had been used. If the sales closing date had been used to determine eligibility, the producer would have no penalty for not paying for the prior year policy premium/CAT fees by the term date.
Multiple Sales Closing Dates			
New Eligible crop insurance contract	Producer ineligible on first SCD	Producer eligible by second SCD	Record for second SCD will be accepted
Continuing eligible crop insurance contract	Producer ineligible on 1st SCD	Record will be rejected because producer must be eligible on the 1st sales closing date to be eligible for the crop for the submitted year	
Agent Eligibility			
• Agent is Reported as Ineligible on 9/10/2011 • Agent becomes eligible on 9/10/2015	• Eligible crop Insurance Contract 1 – ll Record agent signature date = 9/8/2011 • Eligible Crop Insurance Contract 2 – 11 Record agent signature date = 9/14/2011	• Agent is eligible to write Contract 1 because the agent signature date is prior to the ineligible date. • Agent is ineligible to write Contract 2 because the agent signature date falls between the agent's eligible and ineligible dates. The 11 record would reject.	
Loss Adjuster Eligibility			
• Loss adjuster	• Loss 1 – Type 21	• The loss adjuster is ineligible for	

becomes ineligible on 12/3/2011 • Loss adjuster becomes eligible on 12/3/2014	record loss adjuster signature date = 12/08/2011 • Loss 2 – Type 21 record loss adjuster signature date = 11/30/2011	Loss 1 because the loss adjuster signature date falls between the loss adjuster's ineligible and eligible dates. • The loss adjuster is eligible for Loss 2 because the loss adjuster signature date is before the loss adjuster became ineligible.

D. Duplicate Edit Processing Considerations

1. The duplicate edit process is designed to reject duplicate eligible crop insurance contracts or identify possible duplicate eligible crop insurance contracts reported to RMA. The process determines the ownership of an eligible crop insurance contract and is based on the definition of a duplicate eligible crop insurance contract and a possible duplicate eligible crop insurance contract key. Duplicate or possible duplicate eligible crop insurance contracts are identified by PASS errors and are reported to companies weekly.

2. In the case of Duplicate eligible crop insurance contracts (i.e. same tax id number, tax id type, entity type, location state, location county, crop code, and type code (grapes only crop code 0052 and 0053)), PASS will determine the owner IP based on signature date and transferred cancellation fields on the Type 14 record.

3. If any of the duplicate eligible crop insurance contracts are indicated as a 'Transfer and Cancellation' eligible crop insurance contract on the 14 record, the Dup process will use the earliest signature date for the current sales period to determine ownership. The 'sales period' starts the day following the earliest sales closing date for the previous crop year and continues through the latest sales closing date for the current crop year. If none of the duplicate eligible crop insurance contracts are indicated as being a 'Transfer and Cancellation' eligible crop insurance contract, then ownership will be determined by earliest signature date without regard to the sales period.

4. Companies will be notified of Duplicate eligible crop insurance contracts on a batch transmission basis through the PASS edit process. In addition, on the first business day following the transaction cutoff date for weekly data reporting, companies will be provided a summary report identifying the count of duplicate policies with another AIP and the number of ownership eligible crop insurance contracts where another AIP has a duplicate eligible crop insurance contract.

5. After the weekly cutoff, the RORYOWN and RORYDUP reports will be generated from the duplicate eligible crop insurance contract information captured during PASS processing. RMA will remove PASS determined duplicate crop/county eligible crop insurance contract records (Type 14 records), in the RORYDUP report, from the Dup process and the Policy databases.

6. Once this weekend process is complete, the PASS determined 'owner' eligible crop insurance contract will remain in the PASS System and should not receive a duplicate error when re-transmitted. AIPs must take action to ensure that duplicate eligible crop insurance contracts listed in the RORYDUP report are NOT re-transmitted to PASS.

14 PASS Reports

PASS provides AIPs the following reports, transmission data files and reference files to assist error resolution and status.

Reports	
Summary Report (.sum)	Provides transactional, financial and error statistics on each transmission. The report identifies the input file name, the run date and time, and the received date and time. The transactional statistical section provides counts by record type of: submitted; accepted; rejected; and suspended records. The financial statistical section provides the associated dollar amount of: submitted, (if a type 97 record is included in the transmission); accepted; rejected; and suspended records. The error statistics sections lists the error code and message received and the number of records in error.
Premium and Loss Error Report (.rp2)	Provides by crop, the dollar amount of premium and indemnity rejected by error code combination. The number of records and eligible crop insurance contracts are also listed.
Error Report (.rpt)	A formatted report by eligible crop insurance contract listing the record(s) and field(s) in error. It identifies the data in error and what is expected in the field
Transmission Files	
Weekly Reports/Files	
Duplicate Report Files	Contain eligible crop insurance contracts identified by PASS as being a duplicate. Issued on the IPSERVER every Monday at 12:00 p.m.
IPRYSUM.TXT	Report file showing duplicate policy and owner policy summary information for IP/RY
IPRYDUP.TXT	Data file containing duplicate policy identification along with owner policy information for IP/RY

IPRYOWN.TXT	Data file containing owner policy identification along with duplicate policy information for IP/RY
Mini-40 Reports	Generated to the IP SERVER every Monday at 12:00 p.m. and on Tuesday evening at 6:00 p.m. Lists of premium and indemnity by policy, with totals accepted by PASS the previous week.
Written Agreement Reports	Generated to the IP SERVER every Monday at 12:00 p.m. Each IP will be provided with two files. A file for their own written agreement policy data tha has been accepted through PASS. The second file for the written agreements offered by the RMA Regional Office for that IP. Files are made available to the IPs via the "ip server" and to the RO's via the RMKC00a system. The file naming conventions are "ipyywaip.txt" (IP data) and "ipyywaro.txt" (RO data
Reference Files	
Insurance Control Element (ICE) Files	Validation files used by PASS. • SPOI ICE files will be released with the ADM and follow the same process as ADM data. • PASS ICE files will be released with the Appendix III and changes to PASS ICE will be communicated via the PASS STATUS REPORT, which will have the same frequency and structure as the DAS status report. Following is the ICE File Master List. A crosswalk master list is included as Exhibit 103
Common Land Unit File	Contains spatial data for the polygons of Common Land Unit areas designated by a generic CLU Global Unique Identifier (GUID). Files will be released quarterly.

15 – 20 Reserved

Part 3 Accounting

21 Accounting Processing Considerations

A. All reports submitted for reimbursement of any funds payable by FCIC under the SRA must be certified by an authorized officer or authorized employee of the Company named in Section IV(a) of Appendix II that the information in the report is correct and accurate. Certifications may be provided either on hard copy reports or in an electronic method (e.g., signed PDF document submitted via e-mail for 2012 and prior reinsurance years, or electronically via ITM requirements beginning with the 2012 reinsurance year)

B. Timing of Monthly Payments

1. RMA will generate and remit payments due to the AIP in accordance with Section III.(c) of the SRA, following RMA's receipt of both the detailed reinsurance contract data file, and the certified (signed) monthly/annual settlement report.

   a. FCIC will pay the net amount due from FCIC to the AIP as reflected in the FCIC-generated report, reduced or increased where appropriate, for any differences between the reports submitted and the data validated.

      i. Except as provided in Section III(c)(1)(B) of the SRA, FCIC will net together for payment purposes, multiple reinsurance year reports
      ii. FCIC will make payments to AIPs via Electronic Funds Transfer (EFT) through the U.S. Treasury
      iii. FCIC will pay interest in accordance with the interest provisions of the Contract Disputes At (41 U.S.C. 601 et seq.) on any payment which is not sent to the AIP by the dates provided by the SRA.

   b. RMA generated reports will be regenerated to contain AIP entries on the Premium Due and Premium Due Without Payments Worksheets upon receipt of the certified report/worksheet from the company if received by the due date for monthly reporting.

C. Reimbursement of Losses

1. For any AIP that elects to use escrow funding: FCIC will fund the escrow account within three (3) business days after the loss transactions are accepted in FCIC's Escrow System. Beginning with the October monthly settlement report for the reinsurance year (e.g., October 2011 will be the first accounting report for the 2012 reinsurance year), the escrow funded amount, as of the monthly transaction cutoff date will be reconciled with the escrow loss data accepted on the monthly or annual report. Any escrow requests which have not been funded as of the monthly transaction cutoff date will not be included in that month's report. Any difference in the escrow funded amount and the losses validated by RMA will be refunded monthly by the AIP to FCIC.

2. Any AIP who elects not to utilize Escrow Funding will be reimbursed on the Monthly/Annual Settlement Report for paid losses which have been validated and accepted in PASS as of the monthly transaction cutoff date. Any loss will be considered paid by the AIP, when the instrument or document issued as payment has cleared the AIP's bank account.

D. Administrative Expense Reimbursement

1. The FCIC will pay the AIP an A&O Subsidy as specified in the SRA beginning with the October Monthly Settlement report for the reinsurance year for the 2012 reinsurance year, and beginning with the October monthly settlement report following the end of the reinsurance year for 2012 and succeeding reinsurance years.

   a. All A&O Subsidy amounts paid are subject to correction at any time, and by the Monthly/Annual Settlement Report following detection of the error.

   b. Any rejected eligible crop insurance contract due solely to an identified PASS edit error will be fully compensated on that month's accounting report.

2. The A&O Subsidy applicable to the eligible crop insurance contract will be reduced whenever the identified required LRR data has not been timely and accurately provided to RMA or such information is revised after the LRR Transaction Cutoff Date.

   If the required LRR data first passes acceptance edits after the LRR Transaction Cutoff Date or is revised after the LRR Transaction Cutoff Date, the A&O Subsidy will be reduced as defined in Section IV.(b)(7)(A) of the SRA.See Accounting Exhibit 5-1.

3. Reimbursement for CAT Loss Adjustment Expense will be calculated in accordance with the SRA, and will be included on the Monthly/Annual Settlement Reports beginning with the same monthly settlement report that contains initial A&O subsidy payments for a specific reinsurance year (see paragraph C.1. above).

4. Any payment received under Section IV.(h) of the SRA, must be paid by the last business day of the month for the Monthly/Annual Settlement Report cutoff following RMA's notification to the AIP of the amount due.

E. Interest Calculations

1. The AIP will be charged interest in the following cases: Late payments of the balance due on Monthly/Annual Settlement Reports, overpayment by FCIC of losses or expense reimbursements, increases in the Premium Due Without Payments Report, on Premium Variations and on uncollected premiums not paid which are reported on the Premium Due Worksheet. The AIP will pay FCIC interest at the annual fixed rate of 15%, as stated in Section IV(c).

2. If the balance due FCIC on the Monthly/Annual Settlement Report is not received by the last banking day of the month, via electronic transfer to FCIC's account at Treasury, interest will attach from the day following the last banking day of the month and will be charged through the day funds are received by Treasury (See Interest Calculation Exhibit 1-11).

3. The AIP will repay, with interest, any amount paid to the AIP by FCIC which is subsequently determined by FCIC or the AIP, to have been not due to the AIP, such as overpaid indemnities or excessive expense reimbursements. Interest begins accruing based on the date of the Final Determination letter. (See Interest Calculation Exhibit 1-12 Example 2).

4. Increases in premium amounts for an eligible crop contract which occur after a billing date are reported on the Premium Due Without Payments Report. Interest on these increased amounts will accrue from the first of the month following the AIP Payment Date, and will accrue through the end of the month for the monthly report on which the increase was included (See Exhibit 6-5 Example 3).

5. The AIP will pay interest on any uncollected premiums if the uncollected premiums are not paid to FCIC by the month following the month of the billing date. Interest will attach on any uncollected premiums from the first of the month following the month of the billing date. A full month's interest will be charged for any month or portion of a month that the uncollected premiums are not paid to FCIC (See Exhibits 6-2 and 6-3).

6. All payments are subject to post audit by FCIC.

F. AIP Accounting

1. All accounting reports must be downloaded by the AIPs via telecommunications processing. These reports will be made available on a monthly basis. AIPs may query the telecommunications facility any time to see if the accounting reports are ready to be downloaded.

2. AIPs must monitor the escrow account balance and maintain sufficient collateral coverage to insure timely funding of all loss data. If there is a shortfall of funds in the escrow account, it is the AIPs responsibility to deposit funds to cover any shortages.

3. Monthly Settlement Reports are required to be submitted through annual settlement time. Annual Settlement Reports must continue to be submitted for any month that revised data is submitted. Court action, compliance, audit or investigative related finds by the Government or the AIP after the October Accounting cut-off following 5 years from the beginning of the reinsurance year must be reported to RMA and will be processed manually. Settlement Reports must be received by RMA by the last banking day of each month corresponding to the transaction cut-off date.

4. Uncollected premiums for each billing date must be reported by the AIP by the transaction cutoff date for the Monthly Settlement Report following the month of the billing date. Interest will be charged on all uncollected premiums not paid to FCIC by the AIP payment date from the first of the month following the billing date at the rate of 15% per annum. The AIP must enter data into the appropriate columns on the Premium Due Worksheet to indicate their intent: whether to pay uncollected premiums and return a signed copy of the report/worksheet along with the report, to be received by RMA by the last business day of the applicable monthly transaction cutoff date. (See Exhibit 6-1)

   a. The insured's premium due is calculated by subtracting the paids and loss-credits from the producer premium amount for each policy and billing date. The total due is then summarized by billing date.

5. When producer premiums are collected by the AIP before the billing date, any premium collected during a calendar month must be reported on the Monthly Settlement Report submitted during the next calendar month and payment made by the AIP Payment Date. All premiums not collected must be paid to FCIC at annual settlement whether or not they are collected from insured. RMA does not determine the method of collection. If the Company chooses to use an alternative method (e.g., ACH, Credit Card, Debit card, etc.) they may not pass on any additional fees associated with that method to the producer or to FCIC.

6. For the purpose of collecting CAT fees and accrued interest from insureds, there are responsibilities that must be undertaken by the AIP and FCIC. These responsibilities shall be in accordance with 7CFR 457.8, which states “Interest will accrue at a rate of 1.25 percent simple

interest per calendar month, or any portion thereof, on any unpaid amount owed to us or on any unpaid administrative fees owed to FCIC."

a. AIPs are responsible for calculating and collecting interest on CAT fees in accordance with 7 CFR 457.8 beginning 30 days after the premium billing date until the crop termination date.

b. AIPs shall transmit a 60 and 65 record through the Ineligible Tracking System for the principle amount only, for unpaid CAT fees within 7 to 21 days after the crop termination date. At this time, these fees become Federal debt and all collection efforts on the part of the AIP shall cease.

c. AIPs are responsible for any questions that an insured may have regarding the validity of this debt or payment made prior to the crop termination date. After the crop termination date, all questions regarding amounts due including interest accrued shall be referred to RMA.

i. Records regarding an unsatisfied debt pertaining to a CAT policy must be retained indefinitely in accordance with Section IV.G.6. of the SRA.

ii. If an AIP receives payment for a Federal debt, they are to transmit a type 12 record with a payment type code of "02" for the **entire** amount received within 7 days of the receipt of the payment. (Timing is critical since the debt may be referred by RMA to Treasury for cross servicing and any amounts due the insured from any Federal agency will be reduced by the Federal debt that includes CAT fees and accrued interest).

iii. RMA shall calculate interest in accordance with 7 CFR 457.8 on any unpaid CAT fees reported to RMA beginning on the termination date until the debt is satisfied.

iv. RMA will answer any questions regarding the amount of the Federal debt or any payments made **after** crop termination since subsequent interest may have accrued.

v. RMA shall take over all collection efforts of unpaid CAT fees upon termination date and the submission of the type 60 and 65 records.

vi. RMA may refer the Federal debt to Treasury for cross servicing.

7. Escrow funding and reported loss data will be reconciled on each monthly and annual settlement report.

8. Any aggregate underwriting loss of the AIP will be paid to FCIC by the AIP with each monthly settlement report as calculated by the reinsurance run report generated by RMA. Any underwriting gain due the AIP will be paid at annual settlement.

9. The AIP must enter data into the appropriate columns on the Premium Due Without Payment Worksheet to indicate any increase in premium and return a signed copy of the report/worksheet along with the monthly settlement report, which must be received by RMA by the last business day of the month corresponding to the transaction cutoff date (See Exhibit 6-4).

10. The new amount due FCIC as reflected in the Monthly or Annual Settlement Report, must be paid by EFT by the later of, 10 calendar days of being issued by RMA or last business day of each month corresponding to the transaction cutoff date for that month. When payment is submitted to FCIC based on a report generated by the AIP or its reporting agent and supporting data is subsequently rejected, the AIP must remit the difference by EFT within seven (7) calendar days of the date the AIP was notified of the discrepancies. In instances where an AIP generated report differs from RMA generated Settlement Reports, payments will be based on the RMA Settlement Reports.

11. All payments due to FCIC must be deposited directly into the Corporation's account in the U.S. Treasury by EFT. An instruction guide for funds transfer deposit messages to the Treasury is provided in Exhibit 7. Information, such as agency codes, and beneficiary codes will be provided under separate cover.

12. Annual Settlement Reports

    a. The Annual Settlement Report (recap and worksheets) must be certified and received by RMA by the company payment date for annual settlement for the reinsurance year in accordance with Section I of the SRA. The report will follow the format as provided in Exhibit 1-4 of this Appendix. All reinsurance transactions for the year must be summarized and reported on the Annual Settlement Report.

    b. Corresponding data file transmissions for the Annual Settlement Report must be successfully received in its entirety by the October monthly transaction cutoffs stated in 12.a above. The amount due either FCIC or the AIP will be calculated based on the PASS validation of the data, will be based on the RMA-generated Settlement Report, and will follow the monthly reporting process.

    c. The gain or loss of the AIP is calculated in the monthly Reinsurance Run Report generated by RMA. Any underwriting gain will be paid on the Annual Settlement Report. Underwriting loss will be calculated on the Monthly Settlement Report.

    d. All discrepancies, including items appearing on the Overpaids and loss credits

reported on the ADR003 and ADR 004 reports must be reconciled and eliminated from the reports prior to the last automated cycle of the reinsurance year as defined in Part 11.A.1.a. of this Appendix.

22 Accounting Reports

RMA provides AIPs the following reports:

P/CR Memo Reject Listing (Exhibit 1-10)	This report lists all policy record amounts that contain generated P/CR Memo amounts which were not posted. P/CR Memo amounts are rejected when the P/CR Memo policy does not exist or when the P/CR Memo policy has zero premium.
Reconciliation Reports (Exhibit 4)	Reconciliation reports are generated in addition to the various error reports whenever there are unusual circumstances concerning a policy or record type submitted. The purpose of these reports is to perform a verification or validation of data on RMA's database to the most current data received from the AIP. The AIP should research data appearing on the reconciliation reports and determine what action needs to be taken to correct the discrepancies (i.e., delete, correct, in order to resubmit the records correctly). The amount of negative financial impact to FCIC will be determined and deducted from the Monthly/Annual Settlement Report. Following are the four reconciliation reports the AIP may receive: Annual Reconciliation Reduction Worksheet PASS Discrepancies of Premium by Policy SBOB Discrepancies of Premium by Policy SBOB Discrepancies of Losses by Policy The Discrepancy reports, are generated when a policy record that has been submitted by an AIP does not agree with data accepted into the PASS.

RAS Summary Reports

The RAS generates summary reports based on detailed reinsured contract data submitted by the AIPs each month through PASS. Once data is received from AIPs electronically, PASS processes the data through RMA edits/validations and RAS produces the summary reports. The reports are used to calculate the balance which is

due the AIP or FCIC. The FCIC Detailed Policy Report shows detail policy-level information. It feeds information to the Settlement Report which generates grand totals, and consists of the following:

Premium	The Premium grand total is developed from the Premium Lines Record - Type 11 and 13, and is reported as summarized policy detail for all lines and all crops associated with a policy. Premium is totaled by Crop Year.
Paid	The Paid grand total is developed from the Payment Record - Type 12 (Payment Type 00) and the RAS currently shows policy detail for the net paid amount. The paid amount should not include administrative fees and must be ≥ zero. The net paid represents the premium collected by the AIP from the producer (insured). An overpaid amount may exist when a producer overpaid his premium.
Loss-Credit	The Loss-Credit grand total is derived from the Loss Total Record Type 20, which consists of M-Memos and P-Credit Memos. M-Memos are premium amounts due (by producer) that have been deducted from a loss payment by the producer from losses received on the same policy. P-Credit Memos occur when premium due on another policy (in same reinsurance year) is designated with a "P" in the Type 20 record which enables the amount to be deducted from a loss payment on the policy incurring a loss.
	All other amounts designated in the "1st - 4th Total Amounts" on the Type 20 record appear as a single line item entitled "Loss Deductions (F, R, O)" on the Settlement Report.
	RAS will generate the designated ‘P-Credit Memos’ into the Loss-Credit column of the Monthly Settlement Reports to eliminate out-of-balance conditions.
	The sum of each loss deduction code for a policy should never be less than zero.
	An overpaid amount may exist when an excessive amount of an insured’s loss was deducted from his policy.
Subsidy	The Subsidy grand total is the Total Premium minus the Producer Premium submitted on the Premium Lines Record - Type 11.
Losses	The Loss grand total is derived from the Loss Line Record - Type 21 or 22, which consists of all losses reported by the AIP. The losses are reimbursed to the AIP through the automated escrow process. On a monthly/annual basis, the total of Total Losses will be compared to the sum of "Loss-cr-and-Escrow " and "Loss Deductions (F, R, O)" and FCIC will pay the lesser amount. RMA will also adjust the amount of "Drafts Issued (Escrow)" included in the Monthly/Annual Summary Report on the line for "Loss-CR and Escrow " to the lesser amount of "Previous Escrow Funded" or "Less Drafts Issued (Escrow)." This will avoid any potential overpayments by FCIC on the Monthly/Annual Summary Reports.
Additional Subsidy	Currently this only represents the FAP.

Monthly Settlement Report (Exhibit 1-1 or 1-1A for 2012 and subsequent)

This report shows the grand totals of all insurance policies carried by each AIP and provides the balance due the AIP or FCIC. The remainder of the entries on the Settlement Report are calculated from entries which the AIP has made on the Premium Due and Premium Due Without Payments Worksheets or derived from other reports generated by RAS. Following is a description of each line item on the report. All line items represent cumulative totals.

Net Expense Reimbursement Adjustment	This item represents administrative expense reimbursement based on a percentage of total premium on all non-CAT crop policies. This item also includes the CAT loss adjustment expense based on the total CAT premium. The net installment adjustment is supported by the FCIC Installment report. Exhibit 1-2.

Net Contingency Fund	SRA Section II (10)(B) II(a)(6) Rebating Penalty, II(b)(12) Excess Premium Penalty, IV(b)(7) Late Reported Reduction (LRR), IV(h) Compliance Penalty, and IV(j)(4) Agreement Termination Penalty.
Less Premium Collected	Insured's premium collected by the AIP.
Escrow	Escrow is the lesser of the "previous Escrow Funded" or the amount of "Drafts Issued (Escrow)" (See Items u, v)
Loss Deductions	(F, R, O) - Amounts reimbursed by the FCIC to the AIP for administrative fees (F), recovery of previous or subsequent year premium (R), or other (O) to include interest deduction amounts, which the AIP deducted from their loss reimbursement request.
AIP Previous Payment	The cumulative amount of other payments received by FCIC via electronic transfer to Treasury by the AIP.
FCIC Interest Paid	The cumulative total of all interest paid to AIPs by FCIC for late payments, etc.
Adjustment due Company	Amount of reimbursement by FCIC to the company for litigation or other approved expenses. This amount has to be reviewed and approved by RSD
Administrative Fee Adjustment	Net fee due FCIC supported by supplemental administrative fee reports (Exhibit 1-5).
Reduction Due to Reconciliation Differences	Net reduction amount based on unreconciled differences from reconciliation reports/data with a negative financial impact to FCIC (Exhibit 4-1).
FCIC Interest/Penalty	Represents interest or penalty assessed against the AIP
Adjustment Due FCIC	Any overpayments that FCIC has made to the AIP
FCIC Previous Payment	Cumulative amount of all payments made to the AIP by FCIC for the current reinsurance year
Escrow Funded	Represents the escrow amount the AIP has been funded. The total is summed up to the current cutoff date of the Monthly Settlement Report.
Paid Previous Worksheets	Amounts paid to FCIC on previous worksheets
Underwriting Loss	Represents the loss taken from the "Reinsurance Run" report. This amount is a calculation of the AIP's loss based on entries made in the Appendix II, together wit the Standard Reinsurance Agreement applicable to each respective Reinsurance Year. The report is a summation of reinsured data displayed the fund, state and national (grand total) levels (Exhibit 3-3).
Subtotal	Total of lines preceding this line from the FCIC Due/Paid Column on the report
Total from Current Worksheet	Represents the combined total from the Premium Due and Premium Due Without Payments Worksheets (Exhibit 6-1 and 6-4)
Balance Due AIP (+), FCIC (-)	Total balance due the AIP or FCIC
Previous Escrow	Represents the amount of escrow the AIP has been funded, and is reported here when FCIC issues the funds to the AIP. The total is summed up to the current cuto

Funded	date of the Monthly Settlement Report
Less Drafts Issued (Escrow)	Represents the amount of checks issued to producers for losses, and is accumulated from an "E" that was validated and accepted in PASS from the type 20 record
Escrow Balance	Represents the difference between the "Previous Escrow Funded" line and the "Les Drafts Issued (Escrow)" line

Annual Settlement Report (Exhibit 1-4)

This report shows the grand totals of all insurance policies carried by each AIP and provides the balance due the AIP or FCIC. The following provides a description of how each line item on the Annual Settlement Report is calculated. All line items represent cumulative totals.

Expense Reimbursement Adjustment	Represents administrative expense reimbursement based on a percentage of total premium on all non-CAT crop policies less the reduction for Late Reported Reductions. The CAT loss adjustment expense which is based on the total CAT premium. The net installment adjustment is supported by the FCIC Installment report (Exhibit 1-2).
Net Contingency Fund	SRA Section II (10)(B), II(a)(6) Rebating Penalty, II(b)(12) Excess Premium Penalty, IV(b)(7) Late Reported Reduction (LRR), (Exhibit 5-1), IV(h) Compliance Penalty, and IV(j)(4) Agreement Termination Penalty
Less Premium Collected	Total premium whether or not collected by the AIP
Loss-CR and Escrow	Escrow is the lesser of the "Previous Escrow Funded" or the amount of "Drafts Issued (Escrow)" (see items w, x).
	Loss Credits (M, P)
Loss Deductions (F, R, O)	Amounts reimbursed by the FCIC to the AIP for administrative fees (F), recovery of previous or subsequent year premium (R), or other "O" to include interest deduction amounts, which the AIP deducted from their loss reimbursement request.
State Subsidy	If applicable
Subsidy	Cumulative amount of all risk subsidy
Additional Subsidy	If applicable
AIP Previous Payment	Cumulative amount of other payments received by FCIC via electronic transfer to the Treasury by the AIP
FCIC Interest Paid	Cumulative total of all interest paid to AIPs by FCIC for late payments, et.
Adjustments Due Company	Amount of reimbursement by FCIC to the company for litigation or other approved expense. This amount has to be reviewed and approved by RSD
Net Administrative Fee	

Adjustment	Net fee due FCIC supported by supplemental administrative fee reports (Exhibit 1-5).
Less Reduction Due to Reconciliation Differences	Net reduction amount based on unreconciled differences from reconciliation reports/data with a negative financial impact to FCIC (Exhibit 4-1).
FCIC Interest/Penalty	Represents interest or penalty assessed against the AIP
Adjustments due FCIC	Overpayments that FCIC has made to the AIP
FCIC Previous Payment	Cumulative amount of all payments made to the AIP by FCIC for the current reinsurance year
Escrow Funded	Represents the escrow amount the AIP has been funded
Paid Previous Worksheets	Cumulative interest from any worksheets
Underwriting Gain/Loss	Represents the gain/loss taken from the "Reinsurance Run" report. This amount is a calculation of the AIP's gain/loss based on entries made in the Appendix II, together with the Standard Reinsurance Agreement applicable to each respective Reinsurance Year. The report is a summation of reinsured data displayed at fund, state and national (grand total) level (Exhibit 3-3).
Subtotal	Total of lines preceding this line from the FCIC Due/Paid Column of the settlement report
Total from Current Worksheet	Normally, this item represents the total from the Premium Due Without Payments Worksheet; however, there is an exception for those companies which had deferred premium. For those companies, on the 1st annual report only, a Premium Due Worksheet calculating interest should also be included in this total (Exhibit 6-1 and 6-4).
Balance Due AIP (+) or FCIC (-)	The total balance due the AIP or FCIC
Escrow Funded	Represents the amount of escrow the AIP has been funded, and is reported here when FCIC issues the funds to the AIP. The total is same as "q" above.
Less Drafts Issued (Escrow)	Represents the amount of checks issued to producers for losses, and is accumulated from an "E" validated and accepted in PASS from the Type 20 record
Escrow Balance	Represents the difference between the "Escrow Funded" line and the "Less Drafts Issued (Escrow)" line

RAS Summary Reports Adjusted for Livestock (Exhibit 9)

Summary reports are generated based on detailed reinsured contract data submitted by the AIPs each month through eDAS. The reports are used to calculate the balance which is due the AIP or FCIC.

	Exhibit 9-2 shows detail policy-level information. It feeds information to the Livestock Settlement Report, which generates grand totals, and will include the following for Livestock:
	The Premium Grand Total is developed from the Livestock Premium Data

Livestock Detail Report (LADR001)	Identifier and is reported as summarized policy detail for all lines associated with a policy.
	The Subsidy Grand Total is developed from the subsidy information submitted on the Livestock Premium Data Identifier and is reported as summarized policy detail for all lines associated with a policy
	The Paids Grand Total is developed from the Livestock Payment Data and is reported at a summarized policy detail level.
	The Loss CR Grand Total is developed from the Livestock Loss Disbursement Data and is reported at a summarized policy detail level.
	The Loss Grand Total is derived from the livestock Indemnity Data Identifier, which consists of all losses reported by the AIP
Monthly Livestock Settlement Report (LRCP001)	Exhibit 9-1 shows the grand totals of all insurance policies carried by each AIP and provides the balance due the AIP or FCIC. Following is a description of how Livestock will be reflected on the Monthly Livestock Settlement Report
Net A&O Subsidy	Administrative and Operating Subsidy per the LPRA
AIP Previous Payment	Cumulative amount of other payments received by FCIC via electronic transfer to Treasury by the AIP
FCIC Interest Paid	Cumulative total of all interest paid to AIPs by FCIC for late payments
Adjustments due Company	Litigation or other approved expense owed the AIP
FCIC Previous Payment	Cumulative total of all "Balance Due Company" amounts from all prior months reports
FCIC Interest/Penalty	Interest or Penalty assessed against the AIP
Adjustments Due FCIC	Offline (manual) corrections by the AIPs for overpaid indemnities
Subsidy Due Company	Amount of the subsidy retained by the company.
Livestock Settlement	Represents the livestock adjustments supported by the Livestock Settlement Report (Exhibit 9-3).
Balance Due Company/FCIC	Total balance due the AIP or FCIC

23. Escrow Reconciliation

A. AIP Escrow Account Reconciliation must include the following information on a monthly basis:

1. Bank Reconciliation consisting of reinsured company's name, address, bank account number, escrow account ending balance, total amounts for items in-transit, outstanding, interest, and overage/shortage. The bank reconciliation must be submitted in PDF format, certified and signed by a company officer or other company designated management official. The bank reconciliation must also be submitted in an Excel file format along with the other templates.

2. Data files in an Excel zip file format (templates attached) that provide detail for the bank reconciliation, in-transit, outstanding checks, overage/shortage, voided checks, cleared checks, check registers and interest checks.

3. Bank Statement of AIP's Loss-Clearing Account submitted in PDF format.

4. Bank Statement of RMA's Escrow Account submitted in PDF format.

B. The Excel zip file that is submitted to RMA must include the following eight tabs:

1. Bank Reconciliation – AIP's must provide a bank reconciliation that presents the balance per statement, escrow request in-transit totals listed by reinsurance year, total debits, outstanding checks total, interest payable to FCIC by month, total credits, and overage/shortage total.

2. In-transit – AIP's must provide a list of checks issued, but awaiting deposit of funds from RMA.

3. Outstanding checks – AIP's must provide a list of checks that have been issued, but have not been presented for payment. AIP's must monitor their list of outstanding checks for stale-dated checks over one year as follows:

   a. Send a letter to insured whose outstanding indemnity check is greater than one year old and offer to issue a replacement check.
   b. If the insured requests a replacement check the AIP should process a new check.
   c. If the insured does not request a replacement check within 45 days the AIP should take the following action:
      i. Void the insured's check.
      ii. 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 will be accompanied by a check reimbursing FCIC for the voided checks. No changes will be made to the loss data submitted through DAS/PASS.
      iii. In case the insured requests payment after the check has been voided, the AIP will issue a new check to the insured and submit to FCIC a manual register with the policy, claim, and check information. FCIC will manually fund the escrow account for the reissued check amount.

4. Overage/shortage – AIP's must provide a list, review, and resolve all items listed as overage/shortage on a monthly basis. The company will have 2 banking cycles to reconcile and resolve any item listed as an overage or a shortage on the escrow reconciliation. AIP's must provide a brief explanation of all items listed on the overage/shortage report. Any unsettled items will be resolved with RMA and the AIP.

5. Voided checks – AIP's must provide a list of checks that were voided for the month of the reconciliation.

6. Cleared checks – AIP's must provide a list of checks that have cleared the loss clearing account for the month of the reconciliation.

7. Check register – AIP's must provide a list of checks that were issued for the month of the reconciliation.

8. Interest checks - Remit interest checks on a monthly basis for interest amounts exceeding $10.00.
   - Interest accrued under $10 should wait until interest accrued exceeds $10.00 before sending to RMA. The total for each month must be provided on the interest tab.
   - Outstanding interest must be submitted on a yearly basis with the August reconciliation, even if the $10.00 threshold is not met.

C. The PDF zip file that is submitted to RMA must include the following data:

1. Bank Statement of AIP's Loss-Clearing Account.

2. Bank Statement of RMA's Escrow Account.

3. Bank Reconciliation certified and signed by a company officer or other company designated management official.

D. All documents must be submitted electronically.

1. A naming convention consisting of the approved insurance provider code, BNKREC, calendar year, calendar month, underscore, number one (if you have more than one account, you will used number two for the second account) followed by .zip. If you have more than one account, RMA will designate which account is number one and which account is number 2. Example: XXBNKREC0907_1.ZIP (XXcompany, Bank Reconciliation, 2009, July, account 1).

2. Template formats provided on the attached sample reconciliation must be followed when submitting the escrow bank reconciliation.

3. Connect to the kcsn204.fcic.usda.gov.You will put your files here. When the process runs to collect the input file(s), it will then move he file from your home directory, perform a few tests on it and then it will put a copy of it in both the correct directory on the rmkc00a and in the correct upload directory on the kcsn204.

E. Failure to follow above procedures will result in RMA initiating a series of notification letters from RMA to the AIPs.

1. The first letter notifying the AIP accounting staff of the issue.

2. The second letter will be notification to AIP management.

3. The third letter will result in a notification letter to RSD for appropriate sanctions.
   - Discuss closing the current account and establishing a new account.

F. Available tools:

1. RMA is providing a daily and weekly escrow file to AIP's on the RO Server. These files can be used to assist AIP's in their reconciliation process.

2. When using the daily file, be aware that the information on the file will reflect the information that has been submitted to RMA. The raw data file may reflect duplication due to voided and reissued checks being submitted to RMA for a particular claim. One remedy to this situation is deleting the claim on one day and resubmitting correct draft numbers for the following day.

24 Application of Paids and Loss Credits

The application of loss-credits should adhere to the following rules:

A. The Loss must initially be applied to any amount due on the Crop on the associated Claim:

   1) First - Unpaid Finance Charge for the crop (i.e. Interest), then

   2) Unpaid Administrative Fee for the crop, then

   3) Unpaid Premium for the crop

B. After the Loss Credit has been applied to the Crop on the associated Claim then proceed in the following manner:

1) Apply to the same policy, any "billed" crop, starting with the earliest Premium Bill date –

   a) First - Unpaid Finance Charge (i.e. Interest) , then
   (Note: if multiple crops have the same bill date, apply to interest on all crops before proceeding)

   b) Unpaid Administrative Fee, then
   (Note: if multiple crops have the same bill date, apply to Administrative Fee on all crops before proceeding)

   c) Unpaid Premium
   (*Note: if multiple crops have the same bill date, apply to Premium on all crops before proceeding)*

2) Apply to any related policy, any "billed" crop, starting with the earliest Premium Billed date –

   a) Unpaid Finance charge (i.e. Interest)
   (Note: if multiple crops have the same bill date, apply to interest on all crops before proceeding)

   b) Unpaid Bill Administrative Fee
   (Note: if multiple crops have the same bill date, apply to Administrative Fee on all crops before proceeding)

   c) Unpaid Bill Premium
   (Note: if multiple crops have the same bill date, apply to Premium on all crops before proceeding)

3) After the Loss Credit has been applied to the same Policy and any Billed crops on any related policy then a check for the remaining loss amount must be submitted to the producer.

   (Note: the only exception to this subsection will be if the company can provide documentation stating the producer agreed to have the unbilled amounts offset from the remaining amount of the loss.)

Example #1
07/15/09 - $180.00 Loss on Policy # 1 Wheat

Example #1	Policy 1 – Wheat	Policy 1 – Oats	Policy 2 – Wheat	Policy 3 - Corn
Unpaid Interest				
Unpaid Fees	30.00	30.00	30.00	30.00
Unpaid Premium	100.00	120.00	165.00	230.00
Bill Date	7/1/2009	7/1/2009	7/1/2009	10/1/2009

1. Apply $30 to fees on Policy #1-Wheat, and $100 to Premium on Policy #1-Wheat
2. Apply the remaining Loss Credit to Policy #1-Oats – $30 Fees, and $20 to Premium

Example #2
09/15/09 - $600.00 Loss on Policy # 1-Wheat

Example #2	Policy 1 – Wheat	Policy 2- Oats	Policy 2 – Wheat	Policy 3 – Corn
Unpaid Interest	3.25	3.75	4.88	-

Unpaid Fees	30.00	30.00	30.00	30.00
Unpaid Premium	100.00	120.00	165.00	230.00
Bill Date	7/1/2009	7/1/2009	7/1/2009	10/1/2009

1. Apply $3.25 to interest on Policy #1-Wheat, $30 to fees on Policy #1-Wheat, and $100 to Premium on Policy #1-Wheat

2. Apply the remaining Loss Credit to Policy #2-Oats – $3.75 Interest, and Policy #2 – Wheat - $4.88 Interest *(Note: if multiple crops have the same bill date, apply to interest on all crops before proceeding)*

3. Apply the remaining Loss Credit to Policy #2--Oats - $30 Fee, and Policy #2 – Wheat $30 Fee *(Note: if multiple crops have the same bill date, apply to administrative fee on all crops before proceeding)*

4. Apply the remaining Loss Credit to Policy #2 – Oats - $120 Premium and Policy #2 – Wheat - $165 Premium.

5. A check for the remaining $113.12 must be submitted to the producer, unless the exception under subsection 24 B (3) is met.

Note: Each example is independent of the other.

PROPER USE OF LOSS CREDIT CODES

Example 1

Original Claim	$1,250		Original Premium $600
Loss Application	M	$600	
	E	$650	

Corrected Claim	$950		Original Premium $600
Loss Application	M	$600	
	E	$350	

Example 2

Original Claim	$1,250		Original Premium $600
Loss Application	M	$600	
	E	$650	

Corrected Claim	$950		Revised Premium $550
Loss Application	M	$550	
	E	$400	

Example 3

Original Claim	$750		Original Premium (Policy w Loss) $350 Original Premium (Other Policy) $250

Loss Application	M	$350
	P	$250 (Premium on other policy)
	F	$60
	E	$90

Premium on other policy revised to $175

Loss Application	M	$350
	P	$175
	F	$60
	E	$165

25 Recon Reduction on PASS-Calculated Values and Summary Book of Business Discrepancies

A. The recon reduction due will be calculated starting with the month following the first premium bill date and continue until data processing has ceased for the respective reinsurance year. Policy level PASS discrepancy data will be prepared from premium records through January following the reinsurance year. Starting in February following the reinsurance year, which coincides with timing of rejecting policies originally submitted, a State level Summary Book of Business will be submitted by the AIPs. The discrepancy data will be prepared for both premium and losses. The discrepancy data will be used to calculate the recon reduction due on the settlement reports for any negative financial impact to FCIC.

B. The Policy level PASS discrepancy data will compare previously accepted premium to the PASS-calculated premium on any rejected premium records for the most recent submission of policy as of the monthly accounting cutoff. The recon reduction amount will calculate the negative financial impact to FCIC for the associated producer premium due and/or actual expense reimbursement.

Example 1 – Record Rejected With Premium Due

(Recon Reduction $91 = PASS Calculated Producer Premium Due $232 – PASS Calculated Expense Reimbursement $141.)

	Total Premium	Subsidy	Producer Premium	Reimbursement Expense 20%
AIP Submitted	$728	$488	$240	$146
PASS Calculated	$704	$472	$232	$141
Accepted	$0	$0	$0	$0
Recon Reduction Difference				$91

Example 2- Increase Modification to Accepted Record with Premium Due

(Recon Reduction $19 = (PASS Calculated Producer Premium Due $260 – PASS Calculated Expense Reimbursement $150) - (PASS Accepted Producer Premium Due $232 – PASS Accepted Expense Reimbursement $141.)

	Total Premium	Subsidy	Producer Premium	Reimbursement Expense 20%
AIP Submitted	$728	$488	$240	$146
PASS Calculated	$750	$490	$260	$150
Accepted	$704	$472	$232	$141
Recon Reduction Difference				$19

Example 3 – Decrease Modification to Accepted Record for CAT Premium

(Recon Reduction $41 = PASS Calculated LAE $2,053 – PASS Accepted LAE $2,040.)

	Total Premium	Subsidy	Producer Premium	LAE 6%
AIP Submitted	$34,220	$34,220	$0	$2,053
PASS Calculated	$34,005	$34,005	$0	$2,040
Accepted	$34,685	$34,685	$0	$2,081
Recon Reduction Difference				$41

C. Starting in February following the reinsurance year, the AIP will submit a Summary Book of Business for premium and losses by State level monthly as of accounting cutoff, until data processing has ceased for the respective reinsurance year. The Summary Book of Business records should be received no later than Friday as of monthly accounting cutoff. PASS accepted premium and loss data will be compared to the Summary Book of Business by State level. The recon reduction amount will calculate the negative financial impact to FCIC for producer premium due less average expense reimbursement by category and losses.

Example 4 - PASS Summary Book of Business Premium Calculation

70 Record for AIP Submission	PASS Accepted	Recon Reduction Impact	Comments
Producer Premium $9,000.00	Producer Premium $8,000.00	$1,000.00	Negative Financial Impact to FCIC is $1,000, which is the amount of producer premium not accepted.
Non-CAT Premium $5,000.00	Non-CAT Premium $6,000.00	$150.00	Assuming an Average Expense Reimbursement for a Non-CAT is 15%, negative Financial Impact to FCIC is $150.00 for Expense Reimbursement because downward adjustment was not accepted.
CAT Premium $2,000.00	CAT Premium $3,000.00	$60.00	Assuming LAE for CAT is 6%, negative Financial Impact to FCIC is $60.00 for LAE because downward adjustment was not accepted.

Example 5 – PASS Summary Book of Business Loss Calculation

70 Record for AIP Submission	PASS Accepted	Recon Reduction Impact	Comments
$2,000.00	$3,000.00	$1,000.00	Difference between AIP Summary Book of Business and Pass Accepted.

FCIC SETTLEMENT REPORT
REINSURANCE YEAR - 2012
MONTHLY

PAGE: 1
RCP001-C

RO XX
Reinsured Company Name
C/O MGA

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

	PREMIUM	PAID	LOSS-CR	SUBSIDY	LOSSES	ADDT SUBSIDY
GROUP RISK	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	

(L/R = .0000)					DUE COMPANY	DUE FCIC
a.NET EXPENSE REIMBURSEMENT			.00			
b.NET CONTINGENCY FUND						.00
c.PREMIUM COLLECTED	.00					.00
d.ESCROW		.00	.00	.00		
e.LOSS DEDUCTIONS (F,R,O)	.00	.00	.00		.00	
f.STATE SUBSIDY					.00	
g.COMPANY PREVIOUS PAYMENT					.00	
h.FCIC INTEREST PAID					.00	
i.ADJUSTMENTS DUE COMPANY					.00	
j.NET ADMINISTRATIVE FEE ADJUSTMENT						.00
k.REDUCTIONS DUE TO RECON DIFFERENCES						.00
l.FCIC INTEREST/PENALTY						.00
m.ADJUSTMENTS DUE FCIC						.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

FCIC SETTLEMENT REPORT

PAGE: 1

RO XX

REINSURANCE YEAR - 2012

RCP001-C

Reinsured Company Name

MONTHLY

C/O MGA

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

	PREMIUM	PAID	LOSS-CR	SUBSIDY	LOSSES	ADDT SUBSIDY
GROUP RISK	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	

(L/R = .0000)						DUE COMPANY	DUE FCIC
a.NET EXPENSE REIMBURSEMENT				.00			
b.NET CONTINGENCY FUND							.00
c.PREMIUM COLLECTED		.00					.00
d.ESCROW			.00	.00	.00		
e.LOSS DEDUCTIONS (F,R,O)		.00	.00	.00		.00	
f.STATE SUBSIDY						.00	
g.COMPANY PREVIOUS PAYMENT						.00	
h.FCIC INTEREST PAID						.00	
i.ADJUSTMENTS DUE COMPANY						.00	
j.NET ADMINISTRATIVE FEE ADJUSTMENT							.00
k.REDUCTIONS DUE TO RECON DIFFERENCES							.00
l.FCIC INTEREST/PENALTY							.00
m.ADJUSTMENTS DUE FCIC							.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 AS OF MM YYYY						.00	.00
EXPENSE REIMBURSEMENT DUE IN OCTOBER YYYY						.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 FCIC STATE ADDITIONAL REIMBURSEMENT REPORT PAGE: 1
Reinsured Company Name REINSURANCE YEAR - YYYY INS002
C/O MGA

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

ST	PLAN GROUP	TOTAL PREMIUM	ADDITIONAL REIMBURSEMENT AMOUNT
AL	OTH	999,999	9,999.99
	REV	999,999	9,999.99
*TOTAL STATE AL		9,999,999	99,999.99
WY	OTH	999,999	9,999.99
	REV	999,999	9,999.99
*TOTAL STATE WY		9,999,999	99,999.99

TOTAL ADMINISTRATIVE AND OPERATING SUSIDY ADDITIONAL REIMBURSEMENT 999,999.99

*TOTAL STATE WY 9,999,999 99,999.99

TOTAL ADMINISTRATIVE AND OPERATING SUSIDY ADDITIONAL LOSS REIMBURSEMENT 99,999,999

RO XX FCIC STATE REIMBURSEMENT REPORT PAGE: 1
Reinsured Company Name REINSURANCE YEAR - YYYY INS002
C/O MGA

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

ST	RATE CHG	PLAN GROUP	INS PLAN	COV LVL	REIMBURSE RATE	TOTAL PREMIUM	REIMBURSEMENT AMOUNT
AL				OTH	999,999	9,999.99	
				REV	999,999	9,999.99	
*TOTAL STATE AL					9,999,999	99,999.99	
WY				OTH	999,999	9,999.99	
				REV	999,999	9,999.99	
*TOTAL STATE WY					9,999,999	99,999.99	
TOTAL ADMINISTRATIVE AND OPERATING SUSIDY ADDITIONAL REIMBURSEMENT						999,999.99	
*TOTAL STATE WY						9,999,999	99,999.99
TOTAL ADMINISTRATIVE AND OPERATING SUSIDY ADDITIONAL LOSS REIMBURSEMENT							99,999,999

FCIC SETTLEMENT REPORT PAGE: 1

RO XX REINSURANCE YEAR - YYYY RCP002-C

Reinsured Company Name ANNUAL

C/O MGA

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

	PREMIUM	PAID	LOSS-CR	SUBSIDY	LOSSES	ADDT SUBSIDY
GROUP RISK	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	

(L/R = .0000)	DUE COMPANY	DUE FCIC
a.NET EXPENSE REIMBURSEMENT ADJUSTMENT	.00	
b.NET CONTINGENCY FUND		.00
c.PREMIUM COLLECTED	.00	.00
d.LOSS-CR AND ESCROW	.00 .00 .00 .00	
e.LOSS DEDUCTIONS (F,R,O)	.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.ADJUSTMENTS DUE COMPANY	.00	
l.NET ADMINISTRATIVE FEE ADJUSTMENT		.00
m.REDUCTIONS DUE TO RECON REPORT DIFFERENCES		.00
n.FCIC INTEREST/PENALTY		.00
o.ADJUSTMENTS DUE FCIC		.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	.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

FCIC ADMINISTRATIVE FEE REPORT

RO XX — REINSURANCE YEAR YYYY — FEE002

REINSURANCE COMPANY NAME — (MONTHLY)

C/O MGA

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

CAT FEES DUE FCIC	9,999.00
ADDITIONAL COVERAGE FEES COLLECTED	9,999.00
LESS COMPANY CAT FEES REDUCTION	9,999.99
ADMINISTATIVE FEES DUE FCIC	9,999.99

FCIC ACCOUNTING DETAIL REPORT (EXCLUDING CAT) ADR001

RO XX REINSURANCE YEAR YYYY
REINSURANCE COMPANY NAME MONTHLY
C/0 MGA

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

ST	CO	POL #	YR	NAME	(NOTES)	PREMIUM	PAID	LOSS-CR	SUBSIDY	CLEARED LOSSES	ADDT SUBSIDY
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	*	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	*	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
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 FUND (V) - OVERPAID

(P) - PAYMENT CR MEMO (E) - ESCROW

FCIC ACCOUNTING DETAIL REPORT (EXCLUDING CAT ADR002
RO XX REINSURANCE YEAR YYYY
REINSURANCE COMPANY NAME STATE TOTALS
C/O MGA

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

ST	PREMIUM	PAIDS	LOSS-CR	SUBSIDY	CLEARED LOSSES	ADDT SUBSIDY
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	999,999	0	0

FCIC DETAIL REPORT (EXCLUDING CAT) ADR003

RO XX

REINSURANCE YEAR - YYYY

REINSURANCE COMPANY NAME

GRAND TOTALS

C/O MGA

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

CROP YR	PREMIUM	PAIDS	LOSS-CR	SUBSIDY	CLEARED LOSSES	ADDT SUBSIDY
YYYY (-1)	9,999,999	99,999.99	0	9,999,999	0	0
YYYY	99,999,999	999,999.99	0	99,999,999		
YYYY (+1)	99,999	9.99	0	99,999		
TOTALS	99,999,999	999,999.99	0	99,999,999	0	0
OVERPAIDS		999.99	0			
GRAND TOTALS LESS OVERPAIDS	99,999,999	999,999.99	0	99,999,999	0	0

PMEMO	999,999
MMEMO	999,999
PLCR	999,999

FCIC DETAIL OVERPAIDS REPORT (EXCLUDING CAT) ADR004
REINSURANCE YEAR - YYYY
OVERPAID POLICIES

RO XX
REINSURANCE COMPANY NAME
C/O MGA

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE : MM/DD/YYYY

ST	CO	POLICY	CROP YR	PREMIUM	PAIDS	LOSS CR	SUBSIDY	CLEARED LOSSES	ADDT SUBSIDY	OVER PAID	OVER LOSS-CR
AL	999	9999999	YYYY	9,999	9,999.99	999.99	999.99	999.99	9.99	99.99	9.99
*TOTAL STATE AL				9,999	9,999.99	999.99	999.99	999.99	9.99	99.99	9.99
AR	999	9999999	YYYY	9,999	9,999.99	999.99	999.99	999.99	9.99	99.99	9.99
*TOTAL STATE AR				9,999	9,999.99	999.99	999.99	999.99	9.99	99.99	9.99
TOTAL				9,999	9,999.00	999.99	999.99	999.99	9.99	99.99	9.99

P/CR MEMO REJECT LISTING PCR001

RO XX

REINSURANCE YEAR - YYYY

REINSURANCE COMPANY NAME

C/O MGA

CURRENT DATE: MM/DD/YYYY CUTOFF DATE: MM/DD/YYYY

MEMO RO	MEMO LOC ST	MEMO CNO	MEMO POLICY NO	CROP YR	PMEMO AMOUNT	SOURCE RO	SOURCE ST	SOURCE CNO	SOURCE POLICY NO
XX	NE	999	999999	YYYY	999.00	XX	31	999	9999999
	PE	999	999999	YYYY	9,999.00	XX	42	999	9999999
	PE	999	999999	YYYY	9,999.00	XX	42	999	9999999
			999999	YYYY	99.00	XX	19	999	9999999
			999999	YYYY	9,999.00	XX	42	999	9999999

TOTAL 99,999.00

EXAMPLE 1:

INTEREST CALCULATIONS ON LATE ACCOUNTING REPORT PAYMENTS

REPORT DATE	AMOUNT DUE	DAYS RECEIVED	LATE	INTEREST RATE	NOTE AMOUNT	REF.
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 CALCULATIONS ON OVERPAID INDEMNITIES/UNDERSTATED PREMIUM CASES IDENTIFIED THROUGH REVIEW

FINAL FINDINGS LETTER	OVERPAYMENT AMOUNT	DATE OF APPEAL	APPEAL LETTER DATE	ACCOUNTING REPORT DATE	DAYS	INTEREST RATE	INTEREST DUE	NOTE REF
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 effect 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.

CAT COVERAGE FEES (EXCLUDING BUY-UPS) CFE001

RO XX

REINSURED COMPANY DETAIL REPORT

REINSURANCE COMPANY NAME

REINSURANCE YEAR YYYY

C/O MGA MONTHLY

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

ID NUMBER	ST	CO	POLICY NUMBER	CROP YEAR	LOC CNTY	CROP CODE	TYPE	PRAC CODE	A R	ADM FEE	PREMIUM	LOSSES	FEES AMOUNT	FEES COLLECTED	FEES WAIVED
999999999	CA	999	999999	YYYY	999	0037	999	999	C		999		300		
999999999	IL	999	999999	YYYY	999	0011	997	999	C		999		300		
999999999	MO	999	999999	YYYY	999	0011	997	998	C		999		300		
999999999	MN	999	999999	YYYY	999	0033	997	998	C		9,999		300		
999999999	KS	999	999999	YYYY	999	0011	997	998	C		999		300		
999999999	MN	999	999999	YYYY	999	0033	997	998	C		999		300		
999999999	IL	999	999999	YYYY	999	0011	997	998	C		99		300		
999999999	IL	999	999999	YYYY	999	0011	997	998	C		9,999		300		
999999999	IL	999	999999	YYYY	999	0011	997	998	C		99		300		
999999999	OH	999	999999	YYYY	999	0011	997	998	A		99		300		
999999999	IL	999	999999	YYYY	999	0011	997	998	C		999		300		
999999999	IL	999	999999	YYYY	999	0011	997	998	A		999		300		
999999999	IN	999	999999	YYYY	999	0011	997	998	C		99		300		
999999999	IL	999	999999	YYYY	999	0011	997	998	A		999		300		
999999999	IL	999	999999	YYYY	999	0011	997	998	C		999		300		
999999999	IL	999	999999	YYYY	999	0011	997	998	C		999		300		
TOTAL											9,999		4,600		

*** NOTES *** YYYY Catastrophic Coverage Fees

The CAT Fee amount for all crops will be $300.

CAT COVERAGE FEES CFE002

RO XX

REINSURED COMPANY DETAIL REPORT

REINSURANCE COMPANY NAME

REINSURANCE YEAR YYYY

C/O MGA

DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

ST	PREMIUM	LOSSES	FEE AMOUNT	FEES COLLECTED	FEES WAIVED
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	999,999		99,999	999	999
YYYY (-1)	999,999	0	99,999	999	999
YYYY	99,999,999	0	99,999	99,999	9,999
YYYY (+1)	9,999,999	0	99,999	9,999	999
TOTAL	999,999,999	0	999,999	99,999	99,999

CFE003

CAT COVERAGE FEES
RECEIVABLE REPORT
REINSURANCE YEAR - YYYY

RO XX
REINSURANCE COMPANY NAME
C/O MGA

CURRENT DATE/TIME: MM/DD/YYYY HH:MM:SS CUTOFF DATE: MM/DD/YYYY

TAX ID	ID TYP	PIC	ST	CNTY	POLICY NBR	CROP YEAR	CROP CODE	WRT OFF	COLL ID	FEE AMT	ADJ AMT	RET CHK AMT	INT/PEN AMT	COLLECT AMT	BALANCE DUE	CO CAT FEE REDUCT AMT
999999999	9	999	99	999	9999999	YYYY	9999			300.00	.00	.00	.00	.00	300.00	300.00
TOTAL										300.00	.00	.00	.00	.00	300.00	300.00

ADDITIONAL COVERAGE ADMINISTRATIVE FEE SUMMARY REPORT

PAGE 1

RO XX

REINSURANCE YEAR - YYYY

ACA001

REINSURANCE COMPANY NAME

MONTHLY

C/O MGA

CURRENT DATE/TIME: MM/DD/YYYY HH:MM:SS CUTOFF DATE: MM/DD/YYYY

STATE	YYYY APR	YYYY MAY	YYYY JUN	YYYY JUL	YYYY AUG	PRE PAID	TOTAL
AR	0	0	0	0	0	0	0
GA	0	0	0	0	0	0	0
IA	0	0	0	0	0	0	0
ID	0	0	0	0	0	0	0
IL	0	0	0	0	0	0	0
IN	0	0	0	0	0	0	0
KS	0	0	0	0	0	0	0
MI	0	0	0	0	0	0	0
MN	0	0	0	0	0	0	0
MO	0	0	0	0	0	0	0
ND	0	0	0	0	0	0	0
NM	0	0	0	0	0	0	0
OH	0	0	0	0	0	0	0
SD	0	0	0	0	0	0	0
TX	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0
WAIVED	0	0	0	0	0	0	0
GRAND	0	0	0	0	0	0	0

RO XX
REINSURANCE COMPANY NAME
C/O MGA

FCIC REINSURANCE RUN
REINSURANCE YEAR YYYY

PAGE 1
REIPRT01

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

STATE	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
AR						
	COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	ASSIGNED RISK		999,999	999,999	999,999	
	SUBTOTAL 1		999,999	999,999	99,999	9.9
	COMMERCIAL Min. 25	9.9	999,999	999,999	99,999	9.9
	ASSIGNED RISK		999,999	999,999	999,999	
	REVISED SUBTOTAL 1		999,999	999,999	99,999	9.9
	COMMERCIAL	9.9	999,999	999,999	99,999	9.9
	ASSIGNED RISK		999,999	999,999	999,999	
	RETAINED SUBTOTAL 2		999,999	999,999	99,999	9.9
	COMMERCIAL Min. 35	9.9	999,999	999,999	99,999	9.9
	ASSIGNED RISK		999,999	999,999	999,999	
	RETAINED SUBTOTAL 3		999,999	999,999	99,999	9.9
	COMMERCIAL	9.9		999,999	99,999	9.9
	ASSIGNED RISK			999,999	999,999	
	SUBTOTAL 4			999,999	99,999	9.9
	COMMERCIAL GAIN/LOSS			999,999	(9,999)	
	ASSIGNED RISK			999,999	999,999	
	STATE GAIN/LOSS		999,999	999,999	(9,999)	

(CONTINUED)

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

RO RECAP

POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
COMMERCIAL	9.9	999,999	999,999	99,999	9.9
ASSIGNED RISK	9.9	999,999	999,999	99,999	9.9
SUBTOTAL 1		999,999	999,999	99,999	9.9
COMMERCIAL	9.9	999,999	999,999	99,999	9.9
ASSIGNED RISK	9.9	999,999	999,999	99,999	9.9
REVISED SUBTOTAL 1		999,999	999,999	99,999	9.9
COMMERCIAL	9.9	999,999	999,999	99,999	9.9
ASSIGNED RISK	9.9	999,999	999,999	99,999	9.9
RETAINED SUBTOTAL 2		999,999	999,999	99,999	9.9
COMMERCIAL	9.9	999,999	999,999	99,999	9.9
ASSIGNED RISK	9.9	999,999	999,999	99,999	9.9
RETAINED SUBTOTAL 3		999,999	999,999	99,999	9.9
COMMERCIAL	9.9		999,999	99,999	9.9
ASSIGNED RISK	9.9		999,999	99,999	9.9
SUBTOTAL 4			999,999	99,999	9.9

RO XX
Reinsurance Company Name
C/O MGA

FCIC REINSURANCE RUN
REINSURANCE YEAR YYYY

PAGE 3
REIPRT01

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

RO RECAP	POOL	%	LIABILITY	PREMIUMS	LOSSES	LOSS RATIO
	COMMERCIAL GAIN/LOSS			9,999,999	(999,999)	
	ASSIGNED RISK GAIN/LOSS			9,999,999	(999,999)	
	GROSS GAIN/LOSS			99,999,999	(9,999,999)	
	LESS QUOTA SHARE			9,999,999	(99,999)	
	GAIN/LOSS AFTER QUOTA SHARE			99,999,999	(9,999,999)	
	PAYOUT QUOTA SHARE			9,999,999	(9,999,999)	
	GAIN/LOSS			999,999,999	(99,999,999)	

FCIC ADMINISTRATIVE REDUCTION REPORT PAGE: 1

RO XX FOR LATE REPORTED REDUCTION (LRR)

Reinsured Company Name REINSURANCE YEAR - YYYY LRR002

C/O MGA

CURRENT DATE: MM/DD/YYYY HH:MM:SS CUTOFF DATE: MM/DD/YYYY

RO	ST	NET BOOK PREMIUM	TOTAL 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 2.0%	9,999.99
TOTAL 3.0%	99,999.99
GRAND TOTAL	99,999.99

FCIC ACCOUNTING REPORT
PREMIUM DUE WORKSHEET
REINSURANCE YEAR - YYYY

PAGE: 1
PDW001-C

RO XX
Reinsured Company Name
C/O MGA

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

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)
APRIL	YYYY	99,999	99,999	999	99	99	99.99	999.99
MAY	YYYY	9,999	99,999	99	99	99	99.99	999.99
JUNE	YYYY	_____	_____	_____	_____	_____	_____	_____
JULY	YYYY	_____	_____	_____	_____	_____	_____	_____
AUGUST	YYYY	_____	_____	_____	_____	_____	_____	_____
TOTAL		999,999						9,999.99

Note: This an example and is not all inclusive.

PREMIUM DUE WORKSHEET - AUGUST 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)	(G) TOTAL OF WORKSHEET (-B-F)	NOTE REF
09/DD/YYYY	AUGUST/YYYY	3,000,000	3,000,000	0	0	0	0	-3,000,000	1
10/DD/YYYY	AUGUST/YYYY	-2,000,000	-2,000,000	0	0	0	0	2,000,000	2
11/DD/YYYY	AUGUST/YYYY	-500,000	-500,000	0	0	0	0	500,000	3
10/DD/YYYY(+1)	AUGUST/YYYY								4

1. PREMIUM WITH AUGUST BILLING IS PAID BY COMPANY ON THE 09/DD/YYYY SETTLEMENT REPORT.

2. COMPANY HAS MADE COLLECTIONS OF AUGUST PREMIUM WHICH ARE REFLECTED IN THE PAIDS ON THE SETTLEMENT REPORT. THIS RESULTS IN A NEGATIVE PREMIUM DUE (COLUMN A).

3. COMPANY HAS MADE ADDITIONAL COLLECTIONS OF AUGUST PREMIUM.

4. FIRST ANNUAL SETTLEMENT REPORT. All PREMIUM DUE EVEN IF NOT COLLECTED BY THE COMPANY. IF NO DEFERRALS, THERE WILL BE NO PREMIUM DUE WORKSHEET NECESSARY.

PREMIUM DUE WORKSHEET - AUGUST PREMIUM DEFERRED (EXAMPLE SHOWING FLOW THROUGH 4 SETTLEMENT REPORTS)

REPORT DATE	PREMIUM PAYMENT DUE DATE	(A) INS'DS PREMIUM DUE	(B) PAID PREM UNPAID BY CO.	(C) PREMIUM MONTH (A-B)	(D) PREVIOUS UNPAID	(E) DAYS (365 DAY YEAR)	(F) INTEREST DUE (%*D*E)	(G) TOTAL OF WORKSHEET (-B-F)	NOTE REF
09/DD/YYYY	AUGUST/YYYY	$3,000,000	$0	$3,000,000	$0	0	$000	$0.00	1
10/DD/YYYY	AUGUST/YYYY	$2,200,000	$0	$2,200,000	$3,000,000	61	$75,205.48	$75,205.48	2
11/DD/YYYY	AUGUST/YYYY	$1,500,000	$0	$1,500,000	$2,200,000	30	$27,123.29	$27,123.29	3
12/DD/YYYY	AUGUST/YYYY	$750,000	$0	$750,000	$1,500,000	31	$19,109.59	$19,109.59	4

1. Premium with an August 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 09/01/YYYY through 10/31/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 11/01/YYYY through 11/30/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 12/01/YYYY through 12/31/YYYY.

Note: Once annual settlement is reached premium can no longer be deferred, all premium is due FCIC even if it remains uncollected.

FCIC SUMMARY REPORT (MONTHLY)
PREMIUM DUE WITHOUT PAYMENTS WORKSHEET PDW002
REINSURANCE YEAR - YYYY

RO XX
Reinsured Company Name
C/O MGA

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

MONTH		(A) CURRENT REPORT	(B) PREVIOUS PEAK	(C) RPT DATE OF PEAK	(D) INC OF PREM DUE WO PAYM	(E) NBR DAYS INTEREST	(F) INTEREST DUE	(G) TOTAL OF INTEREST
APRIL	YYYY	999	999	MM/DD/YYY	99	99	99.99	99.99
MAY	YYYY	999	999	MM/DD/YYY	99	99	99.99	99.99
JUNE	YYYY							
JULY	YYYY							
AUGUST	YYYY							
TOTAL								999.99

Note: This an example and is not all inclusive.

EXAMPLE 3:

PREMIUM DUE WITHOUT (W/O) PAYMENTS

PREMIUM PAYMENT DUE DATE	REPORT DATE	TOTAL PREMIUM DUE W/O PMT.	AMOUNT OF INCREASES IN PREMIUM FROM PREVIOUS PEAK	DAYS (365 DAY YR.) (EXACT DAYS)	INTEREST RATE	INTEREST AMOUNT	NOTE REF.
08/15/YYYY	09/10/YYYY	$1,000,000	$0	0	0	$0.00	1
08/15/YYYY	10/31/YYYY	$1,200,000	$200,000	61	15%	$5,013.70	2
08/15/YYYY	11/09/YYYY	$1,300,000	$100,000	91	15%	$3,739.73	3
08/15/YYYY	01/08/YYYY(+1)	$1,100,000	$0	0	15%	$0.00	4
08/15/YYYY	02/12/YYYY(+1)	$1,400,000	$100,000	179	15%	$7,356.16	5

1. Total premium with an August billing date is due to FCIC on September 30.

2. Total premium with an August billing date due to FCIC September 30 has increased by $200,000. The premium should have been reported on the September report. The company is charged for two full month's interest on the October report.

3. Total premium with an August billing date due to FCIC September 30 has increased by $100,000 during November. The premium should have been reported on the September report. The company is charged three full month's interest on the November report.

4. The total premium reported did not increase during the month.

5. Total premium with an August billing date due to FCIC September 30 has further increased during the month by another $100,000. The premium should have been reported on the September report. The company is charged six month's interest.

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-nnn	3-digit ALC	
		-OR-
BNF-/AC-nnnn	4-digit ALC	
		-OR-
BNF-/AC-nnnnnnnn	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.

10 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-nnnnnnnn 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-nnnnnnnn 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-nnnnnnnn

OBI-

_____
(10)

ESCROW REGISTER
REINSURED COMPANY NAME
ESCROW ACCOUNT #99999
01/01/XXXX HH:MM

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 YYYY Total	74,000.00
Reinsurance Year YYYY Total	15,000.00
Cumulative Y-T-D Total	**89,000.00**

02	500	456789	Producer 6	6666	6,000.00	0.00	6,000.00

Previous Y-T-D YYYY(+1)Total	10,000.00
Reinsurance Year YYYY(+1)Total	6,000.00
Cumulative Y-T-D Total	**16,000.00**

ESCROW REGISTER
REINSURED COMPANY NAME
ESCROW ACCOUNT #99999
MM/DD/YYYY HH:MM

Total Requested Amount	21,000.00
Previous Requested Amount	.00
Receivable Amount	.00
Payment Amount	21,000.00

Previous Y-T-D Total	74,000.00
Reinsurance Year YYYY Total	15,000.00
Cumulative Y-T-D Total	**89,000.00**

Previous Y-T-D Total	10,000.00
Reinsurance Year YYYY(+1)Total	6,000.00
Cumulative Y-T-D Total	16,000.00

FCIC LIVESTOCK OPERATIONS REPORT
REINSURANCE YEAR - YYYY
MONTHLY

PAGE: 1
LRCP001-C

RO XX
Reinsurance Company Name
C/O MGA

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

	PREMIUM	SUBSIDY	PAIDS	LOSS CR	LOSSES
LIVESTOCK	9,999,999	999,999	99,999	99,999	999,999

	DUE COMPANY	DUE FCIC
NET A & O SUBSIDY	999,999.99	
COMPANY PREVIOUS PAYMENT	999,999.99	
FCIC INTEREST PAID	999,999.99	
ADJUSTMENTS DUE COMPANY	999,999.99	
Subsidy Due Company	999,999.99	
FCIC PREVIOUS PAYMENT		
Collections Due FCIC		999,999.99
FCIC INTEREST /PENALTY		999,999.99
ADJUSTMENTS DUE FCIC		999,999.99
LIVESTOCK SETTLEMENT	999,999.99	999,999.99
SUBTOTAL	999,999.99	999,999.99
BALANCE DUE COMPANY/FCIC	999,999.99	999,999.99

CERTIFIED CORRECT

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

FCIC LIVESTOCK DETAIL REPORT PAGE:1

RO XX REINSURANCE YEAR - YYYY LADR001

Reinsurance Company Name MONTHLY
C/O MGA.

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

ST	CO	POLICY	CROP YR	NAME	PREMIUM	SUBSIDY	Paids	Loss Cr	LOSSES	
XX	999	999999	YYYY	DOE, J	6,613	3,637	0	0	0	
XX	999	999999	YYYY	DOE, JO	13,092	7,725	0	0	0	
XX	999	999999	YYYY	DOE, JON	3,394	2,002	0	0	0	
XX	999	999999	YYYY	DOE, JOHN	8,626	5,089	0	0	0	
XX	999	999999	YYYY	DOE, JESS	1,008	554	0	0	0	
XX	999	999999	YYYY	DOE, SALLY	4,270	2,518	0	0	0	
XX	999	999999	YYYY	DOE, JAN	1,762	1,040	0	0	0	
XX	999	999999	YYYY	DOE, JANE	3,304	1,949	0	0	0	
XX	999	999999	YYYY	DOE, JODY	2,664	1,572	0	0	0	
XX	999	999999	YYYY	DOE, RICH	2,121	1,251	0	0	0	
XX	999	999999	YYYY	DOE, JACK	707	417	0	0	0	
XX	999	999999	YYYY	DOE, BOB	8,354	4,930	0	0	0	
TOTAL					55,915	32,684	0	0	0	0

LIVESTOCK SETTLEMENT REPORT
REINSURANCE YEAR YYYY

PAGE 1
LIVPRT01

RO XX
Reinsurance Company Name
C/O MGA

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

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	9,999,999	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	
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
LOSSES DUE FROM FCIC	999	
REINSURANCE PREMIUM DUE FCIC		99,999
SUBTOTAL	999,999	99,999
LIVESTOCK ADJUSTMENT	999,999	

RO XX REINSURANCE YEAR YYYY LIVPRT01
Reinsurance Company Name
C/O MGA

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

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	9,999,999	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
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FCIC STATE LIVESTOCK REIMBURSEMENT REPORT PAGE 1

RO XX REINSURANCE YEAR YYYY LINS002

Reinsurance Company Name

C/O MGA

CURRENT DATE: MM/DD/YYYY HH.MM.SS CUTOFF DATE: MM/DD/YYYY

ST	RATE CHG	REIMBURSE RATE	TOTAL PREMIUM	REIMBURSEMENT AMOUNT
XX		.9999	999,999	99,999.99
XX		.9999	999,999	99,999.99
XX		.9999	999,999	99,999.99
XX		.9999	999,999	99,999.99
XX		.9999	999,999	99,999.99
XX		.9999	999,999	99,999.99
XX		.9999	999,999	99,999.99
XX		.9999	999,999	99,999.99
XX		.9999	999,999	99,999.99
XX		.9999	999,999	99,999.99
XX		.9999	999,999	99,999.99
XX		.9999	999,999	99,999.99
XX		.9999	999,999	99,999.99
TOTAL			9,999,999	999,999.99