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

Reinsurance Year: 2017
Version: Approved
Release Date: 7/1/2016

Escrow Register Detail

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

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

State	Policy Issuing Company	Policy Number	Name	Claim Number	Requested Amount	Previous Amount	Payable Amount
10	999	999999	Sample Farms	1234	$99,999.00	$0.00	$99,999.00