

**(AGENT DATA – RECORD 55)****Format/Edits**

| Field No. | Field Name                  | Begin Pos | Size | Picture | Field Edits   |
|-----------|-----------------------------|-----------|------|---------|---|
| 1         | Record Type                 | 1         | 2    | 9(02)   | Required. Must be 55.   |
| 2         | Approved Insurance Provider | 3         | 2    | X(02)   | Required. Edit with AIP/Company table.  |
| 3         | Agent Directory State       | 5         | 2    | 9(02)   | Required for all records. Must be a valid FIPS state code for directory state. Must submit one record for each state serviced.  |
| 4         | Active Flag                 | 7         | 1    | X(01)   | Required for all records.<br>Must be:<br>Y = Yes, Active<br>N = No, Inactive  |
| 5         | Inactive Date               | 8         | 8    | 9(08)   | If field #4 = N, then this field cannot be blank. Must be between 07/01/2004 and 6/30/2005. Must be: MMDDCCYY format.<br>If field #4 = Y, then zero fill.   |
| 6         | Filler                      | 16        | 2    | X(02)   | Must be Spaces.   |
| 7         | Reinsurance Year            | 18        | 4    | 9(04)   | Must equal the Reinsurance Year.  |
| 8         | Type of ID Code             | 22        | 1    | X(01)   | Required for all records.<br>Must be:<br>A = Agent<br>U = Unlisted Agent (will not be listed on RMA website)  |
| 9         | Agent ID Code               | 23        | 9    | X(09)   | Required for all records. Must be left justified. AIP issued identification number for certified MPCCI agent. An agent-id can only reference one SSN for an AIP.  |
| 10        | Agent Last Name             | 32        | 20   | X(20)   | Required for all records. Last name of the agent. Must be left justified beginning in the first position. Special characters acceptable: hyphen (-), comma (,), quote ("), period (.), apostrophe (') only. |
| 11        | Agent First Name            | 52        | 12   | X(12)   | First name of the Agent. Must not be blank. Must be left justified beginning in first position.   |
| 12        | Agent Middle Name           | 64        | 10   | X(10)   | Middle name of the Agent. Must be left justified beginning in first position or may = blanks.   |
| 13        | Agent Suffix                | 74        | 5    | X(05)   | Name suffix of the Agent (i.e. Sr, Jr, etc.) Must be left justified beginning in first position or may = blanks.  |
| 14        | Agent Title                 | 79        | 4    | X(04)   | Name title of the Agent (i.e. Dr, Mr, etc.) Must be left justified beginning in first position or may = blanks.   |
| 15        | Agency Name                 | 83        | 35   | X(35)   | Required for all records. Must be left justified beginning in first position. Special characters acceptable: forward slash (/), and (&) or hyphen (-).  |

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| 16        | Agent Address                       | 118       | 35   | X(35)   | Required for all records. Must be left justified beginning in first position. Enter location or street address of agent office. Reject if post office box. Special character acceptable: forward slash (/). |
| 17        | City                                | 153       | 35   | X(35)   | Required for all records. Must be left justified. If state code eq “ZZ” (field 19), enter foreign city and country.   |
| 18        | Address County                      | 188       | 3    | 9(03)   | Required for all records. Edit with county table. Must be valid for zip code submitted for record.  |
| 19        | Address State                       | 191       | 2    | X(02)   | Required for all records. Must be valid alpha state abbreviation for the zip code submitted for the record. If state = “ZZ” the edits for fields 18, 19 and 20 do not apply.                                |
| 20        | Zip Code                            | 193       | 5    | 9(5)    | Required for all records. Must be a valid zip code. Must be zeros if state eq “ZZ”.   |
| 21        | Zip Extension                       | 198       | 4    | 9(4)    | Optional; if reported must be valid for zip code, state, county and city.   |
| 22        | Filler                              | 202       | 6    | X(06)   | Must be Spaces.   |
| 23        | Phone Number                        | 208       | 10   | 9(10)   | Required for all records. Must be left justified with no hyphens, parentheses, or special characters.   |
| 24        | Phone Extension                     | 218       | 6    | X(06)   | Must be left justified beginning in first position.   |
| 25        | File Retention Flag                 | 224       | 1    | X(01)   | Enter “Y” if Agent retains the official file folder for the policy serviced; Enter “N” if not.  |
| 26        | Review Flag                         | 225       | 2    | 9(02)   | Reserved. Zero fill.  |
| 27        | Filler                              | 227       | 23   | X(23)   | Must be Spaces.   |
| 28        | Agent SSN                           | 250       | 9    | 9(09)   | Valid SSN required for all records. SSN for the certified agent. Required for A/O expense reimbursement at annual settlement R&D-97-043.  |
| 29        | Agent Directory County              | 259       | 3    | 9(03)   | Required for all records. Must be a valid FIPS county code for directory county. Must submit one record for each county to be listed in RMA Agent Directory.  |
| 30        | Filler                              | 262       | 73   | X(73)   | Must be Spaces.   |
| 31        | SSN Validation Flag                 | 335       | 2    | X(02)   | Internal Use.<br>Positions 335 - 336 will contain the SSN validation flag.  |
| 32        | Ineligible Tracking Validation Flag | 337       | 8    | X(08)   | Internal Use. Reserved.   |
| 33        | Annual Review Date                  | 345       | 8    | 9(08)   | Reserved. Zero fill.  |

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| 34        | E-mail Address               | 353       | 100  | X(100)  | Optional, will be included on Agent Locator; else spaces.  |
| 35        | Filler                       | 453       | 98   | X(98)   | Must be spaces.  |
| 36        | FCIC Control Time            | 551       | 4    | 9(04)   | Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format.              |
| 37        | FCIC Control Date            | 555       | 8    | 9(08)   | Internal Use. The date the transaction batch file was received. (From when transmission started) MMDD CCYY Format.         |
| 38        | Reinsurance Year             | 563       | 4    | 9(04)   | Internal Use. The Reinsurance Year. CCYY format.   |
| 39        | Batch Number                 | 567       | 4    | 9(04)   | Internal Use. The sequential number identifying the file that was submitted by the AIP to FCIC/RMA.                        |
| 40        | Transaction Sequence Number  | 571       | 8    | 9(08)   | Internal Use. The sequential number assigned to each transaction number processed by DAS <u>after it has been sorted</u> . |
| 41        | Transaction Rejected Flag    | 579       | 1    | X(01)   | Internal Use. Reserved.  |
| 42        | Transaction Source Flag      | 580       | 1    | X(01)   | Internal Use. Reserved.  |
| 43        | FCIC Initially Accepted Date | 581       | 8    | 9(08)   | Internal Use. The date this record was initially accepted by DAS. MMDDCCYY format.   |
| 44        | Filler                       | 589       | 12   | X(12)   | Internal Use.  |

Notes: Key fields are - Agent Directory State, Agent SSN, Phone Number, Agent Directory County.  
Only 1 record will be accepted for each key combo.

A 55 record must be accepted for the AIP, List State and Agent SSN before an 11, 13, or 14 record will be accepted.

If field 4, Active Flag = Y and field 8, Type of ID Code = A, the record will be included in the creation of the RMA agent directory.

If field 19, Address State = field 3, Agent Directory State the record will be used in the resident listing. If the Address State is not equal to the Agent Directory State the record will be used for the non resident listing.

Address and Phone Number are critical for referring potential clients. For this reason, the address field validation will reject post office box addresses and the phone number field must contain a valid phone number.

Do not include punctuation in name fields, except for apostrophes and hyphens in the last name field.

Only report licensed and/or certified agents who are actively participating in the delivery of FCIC approved products. Records submitted for others will be deleted.

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For multiple records with same SSN all name fields must be exactly the same by AIP.