

**(INELIGIBLE PRODUCER ERROR RECORD)****Format/Edits**

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 60.
2	Approved Insurance Provider	3	2	X(02)	Will be the reporting AIP.
3	Reinsurance Year	5	4	9(04)	Will be reinsurance year submitted.
4	ID Type	9	1	9(01)	Will be ID type submitted.
5	ID Number	10	9	9(09)	Will be ID number submitted.
6	Record Number	19	3	9(03)	Will be the record number submitted.
7	Debt Delinquency Date	22	8	9(08)	Will be the debt delinquency date submitted.
8	Filler	30	3	X(03)	Blank.
9	Error Code 1	33	5	9(05)	Error Code.
10	Error Data 1	38	15	X(15)	Data in error.
11	Error Code 2	53	5	9(05)	Error Code.
12	Error Data 2	58	15	X(15)	Data in error.
13	Error Code 3	73	5	9(05)	Error Code.
14	Error Data 3	78	15	X(15)	Data in error.
15	Error Code 4	93	5	9(05)	Error Code.
16	Error Data 4	98	15	X(15)	Data in error.
17	Error Code 5	113	5	9(05)	Error Code.
18	Error Data 5	118	15	X(15)	Data in error.
19	Error Code 6	133	5	9(05)	Error Code.
20	Error Data 6	138	15	X(15)	Data in error.
21	Error Code 7	153	5	9(05)	Error Code.
22	Error Data 7	158	15	X(15)	Data in error.
23	Error Code 8	173	5	9(05)	Error Code.
24	Error Data 8	178	15	X(15)	Data in error.
25	Error Code 9	193	5	9(05)	Error Code.
26	Error Data 9	198	15	X(15)	Data in error.
27	Error Code 10	213	5	9(05)	Error Code.
28	Error Data 10	218	15	X(15)	Data in error.
29	Error Code 11	233	5	9(05)	Error Code.
30	Error Data 11	238	15	X(15)	Data in error.
31	Error Code 12	253	5	9(05)	Error Code.
32	Error Data 12	258	15	X(15)	Data in error.
33	Error Code 13	273	5	9(05)	Error Code.
34	Error Data 13	278	15	X(15)	Data in error.
35	Error Code 14	293	5	9(05)	Error Code.
36	Error Data 14	298	15	X(15)	Data in error.
37	Error Code 15	313	5	9(05)	Error Code.
38	Error Data 15	318	15	X(15)	Data in error.
39	Filler	333	10	X(10)	Blank
40	Error Date	343	8	9(08)	Date error occurred.