

**(RECORD 5 OUTPUT FORMAT for ADDRESS)**

Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Incoming Filename	1	20	X(20)	
2	Request Record Type	21	2	9(02)	Required. Must be 05.
3	Reinsurance Year	23	4	9(04)	
4	Approved Insurance Provider	27	2	X(02)	
5	Location State	29	2	9(02)	
6	Policy Issuing Company	31	3	9(03)	
7	Policy Number	34	7	9(07)	
8	Crop Year	41	4	9(04)	
9	Crop Code	45	4	9(04)	
10	Insurance Plan Code	49	2	9(02)	
11	Location County	51	3	9(03)	
12	Record Type	54	4	X(04)	Must be ADDR.
13	Primary or SBI Indicator	58	3	X(03)	
14	Address Record Number	61	3	9(03)	
15	Address Mailing	64	1	X(01)	
16	Address Shipping	65	1	X(01)	
17	Address Street	66	1	X(01)	
18	Address Begin Date	67	10	X(10)	
19	Address End Date	77	10	X(10)	
20	Address Current	87	1	X(01)	
21	Address Delivery Address Line	88	64	X(64)	
22	Address Information Line	152	35	X(35)	
23	Address Supplemental Line 1	187	35	X(35)	
24	Address Supplemental Line 2	222	35	X(35)	
25	Address City	257	28	X(28)	
26	Address State Abbreviation	285	2	X(02)	
27	Address Country Code	287	2	X(02)	
28	Address Zip	289	5	9(05)	
29	Address Zip Extension	294	4	9(04)	
30	Address Foreign Address Line	298	50	X(50)	
31	Address Delivery Point Bar Code	348	3	X(03)	
32	Address Latitude	351	10	X(10)	
33	Address Longitude	361	11	X(11)	
34	Address Inactive Address Date	372	10	X(10)	
35	FSA Producer Info As of Date	3822	10	X(10)	