(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.
					Must be:
					  Y = Yes, Active
					  N = No, Inactive

5	Inactive Date	8	8	9(08)	If field #4 = N, then this field cannot be blank. Must be between 07/01/2007 and 6/30/2008. Must be: MMDDCCYY format. 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.
					Must be:
					  A = Agent
					  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 MPCI agent. An agent-id can only reference one SSN for an AIP. Agent ID Code can not equal Agent SSN.
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. Alpha including (-), (.), ( ), ('), (,).
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. Alpha including (-), (.), ( ), ('), (,).
12	Agent Middle Name	64	10	X(10)	Middle name of the Agent. Must be left justified beginning in first position or may = blanks. Alpha including (-), (.), ( ), ('), (,).
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. Alpha including (-), (.), ( ), ('), (,).
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. Alpha including (-), (.), ( ), ('), (,).

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Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
15	Agency Name	83	35	X(35)	Required for all records. Must be left justified beginning in first position. Alphanumeric including (-), (,), (.), ( ), ('), (&), (%), (*), (+), (#).
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. Alphanumeric including (-), (,), (.), ( ), (&), (%), (#), (/).
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	Filler	225	2	X(02)	Must be spaces.

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
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	1st Alternative Language	262	3	X(03)	Optional: Agent volunteers only. Must be left justified. Three position alpha code from FCIC approved language list; else spaces. Will be included on the Agent Locator.
31	2nd Alternative Language	265	3	X(03)	See Field 30.
32	3rd Alternative Language	268	3	X(03)	See Field 30.
33	4th Alternative Language	271	3	X(03)	See Field 30.
34	5th Alternative Language	274	3	X(03)	See Field 30.
35	6th Alternative Language	277	3	X(03)	See Field 30.
36	7th Alternative Language	280	3	X(03)	See Field 30.
37	8th Alternative Language	283	3	X(03)	See Field 30.
38	9th Alternative Language	286	3	X(03)	See Field 30.
39	10th Alternative Language	289	3	X(03)	See Field 30.
40	11th Alternative Language	292	3	X(03)	See Field 30.
41	Filler	295	40	X(40)	Must be Spaces.
42	SSN Validation Flag	335	2	X(02)	Internal Use. Positions 335 - 336 will contain the SSN validation flag.
43	Ineligible Tracking Validation Flag	337	8	X(08)	Internal Use. Reserved.
44	Annual Review Date	345	8	9(08)	Reserved. Zero fill.
45	E-mail Address	353	100	X(100)	Optional, will be included on Agent Locator; else spaces.
46	Filler	453	98	X(98)	Must be spaces.

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
47	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format.
48	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) MMDD CCYY Format.
49	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
50	Batch Number	567	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the AIP to FCIC/RMA.
51	Transaction Sequence Number	571	8	9(08)	Internal Use. The sequential number assigned to each transaction number processed by DAS after it has been sorted.
52	Transaction Rejected Flag	579	1	X(01)	Internal Use. Reserved.
53	Transaction Source Flag	580	1	X(01)	Internal Use. Reserved.
54	FCIC Initially Accepted Date	581	8	9(08)	Internal Use. The date this record was initially accepted by DAS. MMDDCCYY format.
55	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 = 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.

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