

INSURER or INSURER GROUP NAME: _____
 NAIC INSURER (or GROUP) NUMBER (or TIN if no NAIC #): _____
 PROGRAM YEAR: _____
 DATA AS OF: _____

Instruction to add more lines

Please insert new rows before the Totals row. The Totals row has formulae in the fields that need to be totaled.

As this spreadsheet has been constructed with formulae for data fields that need to be totaled, please insert any additional data records (rows) before (above) the “Totals” row.

Control No. _____
(Treasury use)

15a.	15b.	16	17	18	19	20	21	22	23	24	25	26
CURRENT LOSS PAYMENT INFORMATION	CURRENT LOSS PAYMENT INFORMATION	TOTAL CUMULATIVE	PUNITIVE DMG PD	ALAE PAID	SALV RECOVRD	SUBRO RECOVRD	SALV/SUBRO RECOVRD	REINS RECVRBLE?	DUPLICATE FEDERAL COMP	AMT ONE OF DUPLI FED COMP	SOURCE ONE OF FED COMP	AMT TWO OF DUPLI FED COMP
a. LOSS PAID AMOUNT	b. LOSS TO BE PAID AMOUNT	LOSS PAYMENTS						Y or N	Y, P or N			
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	NA	NA	0.00	NA	0.00

Control No. _____
(Treasury use)

27	28	29	30	31	32	33
SOURCE TWO OF FED COMP	THIRD PARTY INDICATOR	CLAIM STATUS	RESERVES	DATE OF LATEST PAYMENT	SETTLEMENT DOCUMENTATION DATE	TOTAL UNPRORATED LOSS AMOUNT
	Y or N	O,C or R				
NA	NA	NA	0.00	NA	NA	0.00