

(AGENCY/COMPANY EMPLOYEE DATA – TYPE 54)

Format/Edits

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
1	Record Type	1	2	9(02)	Required. Must be 54.
2	Approved Insurance Provider	3	2	X(02)	Required. Edit with AIP/Company table.
3	Filler	5	11	X(11)	Must be Spaces.
4	Reinsurance Year	16	4	9(04)	Must be 2010 for the 2010 Reinsurance Year.
5	Filler	20	1	X(01)	Must be Spaces.
6	Employee SSN	21	9	9(09)	Required for all records. SSN for employee.
7	Agency or Company Employee	30	1	X(01)	A, C or O (O for other affiliate) (other than Agents or Adjusters)
8	Employee Last Name	31	20	X(20)	Required for all records. Last name of the Company Employee. Must be left justified beginning in the first position. Alpha including (-), (.), (), (‘), (,).
9	Employee First Name	51	10	X(10)	Required. First name of the Company Employee. Must not be blank. Must be left justified beginning in first position. Alpha including (-), (.), (), (‘), (,).
10	Employee Middle Name	61	10	X(10)	Middle name of the Company Employee. Must be left justified beginning in first position. Alpha including (-), (.), (), (‘), (,).
11	Employee Suffix	71	5	X(05)	Name suffix of the Company Employee (i.e. Sr, Jr, etc.) Must be left justified beginning in first position. Alpha including (-), (.), (), (‘), (,).
12	Employee Title	76	4	X(04)	Name title of the Employee (i.e. Dr, Mr, etc.) Must be left justified beginning in first position or may = blanks. Alpha including (-), (.), (), (‘), (,).
13	Address	80	35	X(35)	Required for all records. Must be left justified beginning in the first position. Enter location or street address. Do not enter post office box. Alphanumeric including (-), (.), (.), (), (&), (%), (#), (/).
14	City	115	35	X(35)	Required for all records. Must be left justified. If state code eq “ZZ”, enter foreign city and country.
15	Address County	150	3	9(03)	Required for all records. Edit with county table. Must be valid for zip code submitted for record.
16	Address State	153	2	X(02)	Required for all records. Must be valid alpha state abbreviation for zip code. If foreign country enter “ZZ”.
17	Zip Code	155	5	9(05)	Required for all records. Must be valid zip code. Must be zeros if state eq “ZZ”.
18	Zip Extension	160	4	9(04)	Optional; if reported must be valid for zip code, state, county and city.

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19	Filler	164	57	X(57)	Must be Spaces
20	COI Questionnaire Completion Date	221	8	9(08)	Must be MMDDCCYY format. (MGR-09-001 Non-Disclosure Statement) Required. Must be greater than or equal to 07012009. Can't be greater than current date. <u>If Active Flag = N; the COI signature date can be zeros.</u>
21	Amended Date <u>COI Questionnaire</u>	229	8	9(08)	Must be MMDDCCYY format. Latest date Conflict of Interest questionnaire was amended. <u>Optional</u>
22	COI Responses Carried Forward From Previous Year	237	1	X(01)	Must be "Y" or "N".
23	COI Question 1 Response	238	1	X(01)	Must be "Y" or "N".
24	COI Question 2 Response	239	1	X(01)	Must be "Y" or "N".
25	COI Question 3 Response	240	1	X(01)	Must be "Y" or "N".
26	COI Question 4 Response	241	1	X(01)	Must be "Y" or "N".
27	COI Question 5 Response	242	1	X(01)	Must be "Y" or "N".
28	COI Question 6 Response	243	1	X(01)	Must be "Y" or "N".
29	COI Question 7 Response	244	1	X(01)	Must be "Y" or "N".
30	COI Question 8 Response	245	1	X(01)	Must be "Y" or "N".
31	COI Question 9 Response	246	1	X(01)	Must be "Y" or "N".
32	COI Question 10 Response	247	1	X(01)	Must be "Y" or "N".
33	COI Question 11 Response	248	1	X(01)	Must be "Y" or "N".
34	Filler	249	302	X(302)	Must be Spaces.
35	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch file was received. (From when transmission started) HHMM Format.
36	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch file was received. (From when transmission started) MMDD CCYY Format.
37	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY format.
38	Batch Number	567	4	9(04)	Internal Use. The sequential number identifying the file that was submitted by the AIP to FCIC/RMA.
39	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>
40	Transaction Rejected Flag	579	1	X(01)	Internal Use. Reserved.
41	Transaction Source Flag	580	1	X(01)	Internal Use. Reserved.
42	FCIC Initially Accepted Date	581	8	9(08)	Internal Use. The date this record was initially accepted by DAS. MMDDCCYY format.
43	Filler	589	11	X(11)	Internal Use

Notes:

You must report a Type 54 record for any Company Employee who was required to complete a COI Questionnaire under MGR-08-001 when their response to COI question #1 or #2 was "Yes".

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A 54 record must be accepted for the AIP and Company Employee ID before a corresponding 51 record will be accepted.

Names (fields 9, 10, 11) cannot contain numeric values or special characters such as & or *, however “ – and ‘ ” would be acceptable.

All 54 records completely replace any previously submitted 54 records.

When Field 22 is “Y”, then fields 23-33 must match last year’s responses for this Company Employee.

Type 54 records will not appear in the Policyholder Tracking System.