

**Report Name: FCIC Installment Report**  
**Exhibit Number: 1-4**

**Reinsurance Year: 2015**  
**Version: Approved**  
**Release Date: 9/20/2018**

RO XX FCIC INSTALLMENT REPORT REINSURANCE YEAR - YYYY INS002

COMPANY NAME

C/O Mga Name

CURRENT DATE: MM/DD/YYYY HH.MM.SS

CUTOFF DATE: MM/DD/YYYY

ST	CNTY CODE	CROP CODE	INS PLAN	PLAN GROUP	TOTAL PREMIUM	ADDITIONAL REIMBURSEMENT AMOUNT
XX	XXX	XXXX	99	XXX	999,999	999,999
	XXX	XXXX	99	XXX	999,999	999,999
	XXX	XXXX	99	XXX	999,999	999,999
	XXX	XXXX	99	XXX	999,999	999,999
	XXX	XXXX	99	XXX	999,999	999,999
*TOTAL STATE XX					99,999,999	99,999,999
TX	XXX	XXXX	99	XXX	999,999	999,999
	XXX	XXXX	99	XXX	999,999	999,999
	XXX	XXXX	99	XXX	999,999	999,999
	XXX	XXXX	99	XXX	999,999	999,999
	XXX	XXXX	99	XXX	999,999	999,999
*TOTAL STATE XX					99,999,999	99,999,999
TOTAL					999,999,999	999,999,999