



**“B” Record – Receiver to Fund – Unearned Premium**

No.	Field Name	
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11	INSURED'S ADDRESS #2	C	A	30	147-176	The following are acceptable entries in the second address field: 1) Blank if address is in "Insured's Address Line #1". 2) Street address if the suite or apartment number is in "Insured's Address Line #1." 3) Entire street address if a "C/O" name is in "Insured's Address Line # 1"
12	INSURED'S CITY	C	A	25	177-201	City of the insured's address.
13	INSURED'S STATE	C	A	2	202-203	The two digit code used by the U.S. Post Office to identify each state.
14	INSURED'S ZIP CODE	C	A	9	204-212	The standard zip code used by the U.S. Post Office. Shorter values should be

27	RETURN PD9,IUM AMOUNT (Amount Owed The Insured/Claimant)	C	N	10 [(7).XX-]	285-294	Return premium as calculated by the Receiver or from final audit report. The Receiver's calculation includes any unpaid premium amounts. The field value should be right justified, with the decimal implied and the positive/negative indicator at the end of the field. The field is zero filled to the left.
28	UNPAID PD9MIUM AMOUNT	C	N	10 [(7).XX-]	295-304	Amount owed the insolvent company on current year's premium. Same format as total written policy premium. The field values should be right justified, with the decimal implied and the positive/negative indicator at the end of the field. The field is zero filled to the left.
29	FINANCE COMPANY CODE	C	A	5	305-309	Code for the premium finance company, if any. Table of codes must be provided by Receiver.
30	AGENT CODE	C	A	10	310-319	Code for the identification of the agent. Table of codes must be provided by Receiver.
31	AGENT'S COMMISSION RATE	C	N	5 [(3).XX]	320-324	Percent commission company paid agent. Right justified, decimal implied and zero filled to left. Example: 2% commission - 2.00
32	BILLING MODE	C	A	1	325	A = Agency billed. D – Direct billed.
33	CLAIMANT'S NAME #1	C	A	30 0		If the claimant is a(n): <u>Individual</u> : The last name only should be entered here. <u>Business</u> : Name of business should be entered here.
34	CLAIMANT'S NAME #2	C	A	30		If the claimant is a(n): <u>Individual</u> : The

36	CLAIMANT'S ADDRESS #2	C	A	30		The following are acceptable entries in the second address field: 1) Blank if address is in "Claimant's" Address Line #1". 2) Street address if the suite or apartment number is in "Claimant's" Address Line #1." 3) Entire street address if a "C/O" name is in "Claimant's" Address Line # 1"
37	CLAIMANT'S CITY	C	A	25		City of the Claimant's address.
38	CLAIMANT'S STATE	C	A	2		The two diP.-10.5(10-10-14.701 (8004 6 614.64 Tm