

**MONTHLY ACCOUNT ACTIVITY STATEMENT**

**NORTH CAROLINA REINSURANCE FACILITY  
MONTHLY ACCOUNT ACTIVITY STATEMENT**

REPORT ID: EDG.RPT.O.XX  
 RUN DATE: MM/DD/YYYY  
 PAGE: X OF XX

Monthly Account Activity Statement for (COMPANY CODE) COMPANY NAME

Amount Due: XXXXXX

Billing ID: XXXXXX

Payment Due Date: MM/DD/YY

Reporting Month/Year: MM/YY

Billing Date: MM/DD/YY

Statement Closing Date: MM/DD/YY

Statement

**1. Balance Forward**

XXXXXX

A. Previous Balance

XXXXX

B. Less Payments Sent/Received

XXXXX

Section Total (A+B)

XXXXXX

**2. Activity**

XXXXXX

C. Premiums Written

XXXXX

Current Month	Prior Month	Company FTP*	Company Upload*	Company Online*	NCRF Entries*	Offset by System	Total
XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX

D. Allowances

XXXXX

Ceding Expense Allowance

XXXXX

Claims Expense Allowance

XXXXX

E. Losses Paid

XXXXX

Current Month	Prior Month	Company FTP*	Company Upload*	Company Online*	NCRF Entries*	Offset by System	Total
XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX

F. Recoupment

XXXXX

Current Month	Prior Month	Company FTP*	Company Upload*	Company Online*	NCRF Entries*	Offset by System	Total
XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX

G. Premiums Refunded for Disapproved Rates

XXXXX

XXXXX

XXXXX

XXXXX

Current Month	Prior Month	Company FTP*	Company Upload*	Company Online*	NCRF Entries*	Offset by System	Total
XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX

H. Interest Paid on Premiums Refunded

Current Month	Prior Month	Company FTP*	Company Upload*	Company Online*	NCRF Entries*	Offset by System	Total
XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX

Section Total (C-D-E+F+G-H)

XXXXXX

EXHIBIT P-1

February 2011 Distribution

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**3. Estimated Billing and adjustments**

XXXXXX

I.	Late Accounting Report Estimates (No Accounting Report Processed**	XXXXX
	3 Months Average Premium	XXXXX
	Less 3 Mnths Average Ceding Allowance	XXXXX
	Less 3 Months Average Claims Allowance	XXXXX
	Estimated Billing	XXXXX
J.	Adjustments	XXXXX
	Adjustments Amount Description	
	<b>Section Total (I+J)</b>	<b>XXXXX</b>

**4. Penalties and Fees**

XXXXXX

K.	Late Premium Charge	XXXXX
L.	Late Payment Fee	XXXXX
M.	Uncorrected Questionable Transactions	XXXXX
N.	Membership Fee	XXXXX
	<b>Section Total (K+L+M+N)</b>	

**5. Amount Due**

XXXXXX

	<b>Total (1+2+3+4)</b>	<b>XXXXXX</b>
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\*Supplementary to regular account report

\*\*Estimates billed for accounting data not received or not in good order by the Reporting due date

NCRF: North Carolina Reinsurance Facility