

NORTH CAROLINA REINSURANCE FACILITY

OVERVIEW OF CODING

FIELD	CESSIONS	PREMIUMS WRITTEN ACCOUNT CODE: 011	LOSSES PAID ACCOUNT CODE: 016	LOSSES OUTSTANDING ACCOUNT CODE: 033
ID	C	D	D	D
STATE CODE	32	32	32	32
CESSION DATE	YY/MM/DD			
EFF DATE	YY/MM/DD	YY/MM	YY/MM	YY/MM
EXP DATE	YY/MM/DD	YY/MM		
TRANS DATE		YY/MM		
ACCTG DATE		YY/MM	YY/MM	YY/MM
ACCDT DATE			YY/MM/DD	YY/MM/DD
TYPE OF CARRIER	1=REGULAR 2=DESIGNATED	1=REGULAR 2=DESIGNATED		
COMPANY	5 DIGITS	5 DIGITS	5 DIGITS	5 DIGITS
POLICY NO.	AT LEAST 3 ALPHANUMERICS	AT LEAST 3 ALPHANUMERICS	AT LEAST 3 ALPHANUMERICS	AT LEAST 3 ALPHANUMERICS
CLASS	1=PPNF 2=NOT SUBJECT TO RATE REG 3=ALL OTHER RISKS 4=COMBINATION OF 1 AND 3 5=NEEDED FOR UMBRELLA/EXCESS	1=PPNF 3=O/T PPNF	1=PPNF 3=O/T PPNF	1=PPNF 3=O/T PPNF
TRANSACTION CODE	1=BINDER OR NEW POLICY 2=SUBSEQUENT RENEWALS 3=MIDTERM CESSION 4=POLICY OR RENEWAL NOT TAKEN	1=POLICY NEW AND RENEWAL 2=ENDORSEMENT 3=CANCELLATION 4=REINSTATEMENT 5=ALL OTHER		
CESSION TYPE	C-CESSION 7-MODIFICATION 8-WITHDRAWAL 9-REINSTATEMENT			
COVERAGE CODE		1=BI or (BI+MED+UM,UIM) 3=PD	1=BI 2=MED 3=PD 4=OUT OF STATE NO-FAULT 5=UM/UMBI 6=UM PD 7=UIM	1=BI 2=MED 3=PD 4=OUT OF STATE NO-FAULT 5=UM/UMBI 6=UM PD 7=UIM
PAYMENT CODE			3=PAID LOSS-PARTIAL 4=PAID LOSS-FINAL 5=SALVAGE 6=SUBROGATION 7=PAYMENT AFTER CLOSING	
CLAIM NO.			AT LEAST 3 ALPHANUMERICS	AT LEAST 3 ALPHANUMERICS

EXHIBIT K-1

February 2011 Distribution

STANDARD PRACTICE MANUAL
NORTH CAROLINA REINSURANCE FACILITY
Section 4. Accounting and Statistical Requirements