Form CR-F – PART 1

Assumed Reinsurance as of December 31, _____

1	2	3	4	Reinsurance On			8	9	10	11	12	13	14
				5	6	7							
Company Code or ID No.	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Cols. 5 + 6	Contingent Commissions Payable	Assumed Premium Receivable	Unearned Premium	Funds Held By or Deposited with Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
						0							
						0							
						0							
						0							
						0							
						0							
						0							
						0							
						0							
						0							
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						0							
						0							
						0							
						0							
						0							
						0							
						0							
						0							
						0							
Totals			0	0	0	0	0	0	0	0	0	0	0

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Form CR-F – PART 2

Ceded Reinsurance as of December 31, _____

1	2	3	4	5	Reinsurance Recoverable On									Reinsurance Payable		17	18
					6	7	8	9	10	11	12	13	14	15	16		
Company Code or ID Number	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Cols. 6 through 13 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 14 – [15 + 16]	Funds Held by Company Under Reinsurance Treaties
													0				
													0				
													0				
													0				
													0				
													0				
													0				
													0				
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													0				
													0				
Totals			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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