Form CR-S – PART 1 – SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31,______

1	2	3	4	5	6	7	8	9	10	11
Company Code or ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Amount of In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Totals				1						

Form CR-S – PART 1 – SECTION 2
Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, _____

1	2	3	4	5	6	7	8	9	10	11
Company Code				Type of Reinsurance		Unearned	Reserve Liability	Reinsurance Payable on Paid and Unpaid Losses	Modified	Funds Withhald Under
Company Code or ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Assumed	Premiums	Premiums	Other Than For Unearned Premiums	Losses	Coinsurance Reserve	Funds Withheld Under Coinsurance
Totals										

Form CR-S – PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, _____

1	2	3	4	5	6					
Company Code or ID Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses					
or 1D Number	Elective Date	Name of Company	Location	r and Losses	Unpaid Losses					
Totals - Lif	fe, Annuity a	nd Accident and Health								
L	Die Zinnuty and Accident and Iteater									

Form CR-S – PART 3 SECTION 1 Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31,

1	2	3	4	5	6	Reserve C	redit Taken	9	Outstanding S	urplus Relief	12	13
Company Code or ID Number	Effective Date	Name of Company	Location	Type of Reinsurance Cededs	Amount in Force at End of Year	7 Current Year	8 Prior Year	Premiums	10 Current Year	11 Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance.
Totals	<u> </u>			<u> </u>								

Form CR-S – PART 3 SECTION 2
Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, _____

Company Code ID Number Refer to Date Name of Company Location Type Premiums Reserve Credit Taken Other than for Excurred Premium (Estimates) Reserve Credit Taken Other than for Excurred Premium Reserve	2	3	4	5	6	7	8	Outstanding S	Surplus Relief	11	12
	any r ID per Effective Date	Name of Company	Location	Туре	Premiums	Premium	Other than for Unearned			Modified Coinsurance Reserve	Funds Withheld Under Coinsurance.
Totals	S	•	L	1							