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, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
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					Ī						
101115											

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

1	2	3	4	5	6	7	8	9	10	11	12
								Reserve Liability			
Company					Туре			Other Than	Reinsurance		Funds
Code or			Name		of			For	Payable on	Modified	Withheld
ID		Effective	of	Domiciliary	Reinsurance		Unearned	Unearned	Paid and	Coinsurance	Under
Number		Date	Reinsured	Jurisdiction	Assumed	Premiums	Premiums	Premiums	Unpaid Losses	Reserve	Coinsurance
		•••••			••••••					•••••	••••••
		•••••				••••••	•••••				
					•••••		•••••				
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		•••••			•••••	***************************************	•••••			•••••	••••••
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	.,										
Totals	ı										
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Form CR-S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
Company			Name			
Code or		Effective	of		Paid	Unpaid
ID Number		Date	Company	Location	Losses	Losses
				***************************************	***************************************	
Totals—Life	, Annuity and	d Accident and	Health			

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, Current Year

1	2	3	4	5	6	7		Reserve Credit Taken		Outstandin		13	14
Company										Rel			Funds
Code or			Name		Type of	Amount in	8	9		11	12	Modified	Withheld
ID		Effective	of		Reinsurance	Force at	Current	Prior		Current	Prior	Coinsurance	Under
Number		Date	Company	Location	Ceded	End of Year	Year	Year	Premiums	Year	Year	Reserve	Coinsurance
Totals													

Form CR-S – PART 3 – SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

Corputy Code or Number Name Tiffeite Number Numbe	1	2	3	4	5	6	7	8	9 Reserve Credit	Outstanding S	Surplus Relief	12	13
	Code or ID			of	Location	Type	Premiums	Premiums	Taken Other than for Unearned	10 Current	11 Prior	Coinsurance	Funds Withheld Under Coinsurance
													Combutance

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Totals	Lotals												