

**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 Assume	Amount of In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<b>Totals</b>											

**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
Company Code or ID Number		Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<b>Totals</b>											

**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 Code or ID Number		Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses
<b>Totals – Life, Annuity and Accident and Health</b>						

**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			10			13	14
Company Code or ID Number		Effective Date	Name of Company	Location	Type of Reinsurance Ceded	Amount in Force at End of Year	Reserve Credit Taken		Premiums	Outstanding Surplus Relief		Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
							8	9		11	12		
							Current Year	Prior Year		Current Year	Prior Year		
<b>Totals</b>													

**Form CR-S – PART 3 – SECTION 2**

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

1	2	3	4	5	6	7	8	9			12	13
Company Code or ID Number		Effective Date	Name of Company	Location	Type	Premiums	Unearned Premium (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		Modified Coinsurance Reserve	Funds Withheld under Coinsurance
									10	11		
									Current Year	Prior Year		
<b>Totals</b>												