Form CR-F – PART 1 Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	Reinsurance On		9	10	11	12	13	14	15	
					6	7	8						Amount of	
											Funds Held By or		Assets Pledged or	Amount of
Company					Paid Losses and						Deposited		Compensating	Assets
Code or ID		Name of	Domiciliary	Assumed	Loss Adjustment	Known Case		Contingent Commissions	Assumed Premiums	Unearned	With Reinsured	Letters of	Balances to Secure Letters	Pledged or Collateral
Number		Reinsured	Jurisdiction	Premium	Expenses	Losses and LAE	Cols. 6 + 7	Payable	Receivable	Premium	Companies	Credit Posted	of Credit	Held in Trust
9999999 Tota	9999999 Totals													

Form CR-F – PART 2 Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6	Reinsurance Recoverable On							Reinsura	nce Payable	18	19		
Company Code or ID Number		Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	7 Paid Losses	8 Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	14 Contingent Commissions	Cols. 7 through 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurer	Net Amount Recoverable From Reinsurers Cols. 15 – [16 + 17]	by Company Under
9999999 Totals																		