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	Reinsuranc e Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Totals											

Form CR-S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

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1	2	3	4	5	6	7	8	9 Reserve	10	11	12
								Liability			
Company					Tuno			Other Than	Reinsurance		Funds
Company Code or			Nama		Type of			For	Pourble on	Modified	Withheld
Code of		Effective	Name	Dominilians	Dainessee a		Unearned	Unearned	Payable on Paid and	Coinsurance	Under
ID Number		Date	Name of Reinsured	Domiciliary Jurisdiction	Reinsurance Assumed	Premiums	Premiums	Premiums	Unpaid	Reserve	Coinsurance
Nullibei		Date	Reinsured	Julisdiction	Assumed	Fielinulis	Ficiliums	1 iciniums	Olipaid	Reserve	Comsurance
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Totals											

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 Name	5	6	7			
Company Code or ID Number		Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses			
runica		Date	Company	Location	Losses	Losses			
Totals—Life, A	Fotals—Life, Annuity and 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

Conpany Code or Effective Of Location Type of Reinsmance Ceded End of Year Year Only Fremiums Permisms (Code or Number Ceded Type of Reinsmance Ceded End of Year Year Only Fremiums (Code or Year Year Only Fremium) Reserve Credit Outstanding Surplus Relief Tours (Type of Reinsmance Current Poor Year Year Year Year Only Fremium) Location Type of Reinsmance Ceded End of Year Year Year Year Year Only Fremium (Code or Year Year Year Year Year Year Year Yea	1	2	3	4	5	6	7		0. 11	10			13	14
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	Code or ID		Effective	of		Reinsurance	Force at		9 Prior		11 Current	12 Prior	Coinsurance	Under
	Number		Date	Company	Location	Ceded	End of Year		Year	Premiums		Year	Reserve	Coinsurance
Totals	Totals													

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

Corporate Code of Fiffscrive Of Date Company Location Type Permittens (Entirents) Permittens Permittens (Entirents) Permittens Permit						- E					1		12	12
Company Code of Collection Premiums Cartifactor of Control Prior Construction Programme (Estimated) Premiums Cartifactor (Control Prior Construction Programment Cartifactor (Control Prior Construction Programment Cartifactor (Construction Prior Construction Cartifactor (Construction Programment Ca	1	1	2	3	4	5	6	7	8	9 Reserve	Outstanding	Jumlus Relief	12	13
Code or Birth Company	(Company	1	' l	1	1	1 1	1	1 1	Credit Taken	10		1 1	Funds
Nomber Date Company Location Type Premains (Estimated) Protitions Year Vear Reserve Consumers Construction Type Premains (Estimated) Protitions Type Vear Reserve Consumers Construction Type Type Type Type Type Type Type Type		Code or	1	E.CC	Name	l i	t j	۱ ۱	Unearned	Other than			Modified	Withheld
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	\vdash	rumper	\longrightarrow	Date	Сопрану	Location	ı ype	riemums	(Estimated)	1 remailis	Y ear	Y ear	Reserve	Comsurance
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