# NAIC FORM CR-S

# **INDEX**

#### Instructions

	Part 1, Section 1 – Reinsurance Assumed Life Insurance Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits 2
	Part 1, Section 2 – Reinsurance Assumed Accident and Health Insurance
	Part 2 – Reinsurance Recoverable on Paid and Unpaid Losses
	Part 3, Section 1 – Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits 8
	Part 3, Section 2 – Reinsurance Ceded Accident and Health Insurance
FORMS	
	Part 1, Section 1 – Reinsurance Assumed Life Insurance Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits 14
	Part 1, Section 2 – Reinsurance Assumed Accident and Health Insurance
	Part 2 – Reinsurance Recoverable on Paid and Unpaid Losses
	Part 3, Section 1 – Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits
	Part 3, Section 2 – Reinsurance Ceded Accident and Health Insurance

#### 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, (MOST RECENT YEAR-END)

Form CR-S Part 1, Section 1 must be reported by an assuming insurer upon initial application for status as a Certified Reinsurer, and on an annual basis thereafter so long as the Certified Reinsurer maintains certification. Amounts are to be reported in U.S. dollars with thousands omitted. All dates reported in Form CR-S must be in the format MM/DD/YYYY. For example, the date December 13, 2011 should be reported as 12/13/2011. The Certified Reinsurer's rating and collateral requirement, as assigned by the certifying state, and the effective date of such rating, must be included on this form with respect to each filing that is submitted subsequent to certification.

Part 1, Section 1 provides information on all reinsurance assumed for life insurance, annuities, deposit fund and other liabilities without life or disability contingencies, and related benefits from ceding insurers domiciled in the U.S. and abroad. Part 1, Section 1 data may be reported on an aggregate basis as opposed to reporting data applicable to each individual ceding insurer. However, reporting entities are required to segregate and subtotal this aggregate information in accordance with the categories listed below, as applicable.\*

\*Note: Additional Instructions for Assuming Insurers Subject to Filing Schedule S Part 1 of the NAIC Annual Statement — In certain cases, a non-U.S. domiciled assuming insurer is required to file annually a Schedule S Part 1 from the NAIC Annual Statement. The Schedule S Part 1 filing is submitted to a U.S. state in which the assuming insurer maintains a trust fund in a qualified U.S. financial institution for the payment of the valid claims of its U.S. ceding insurers with respect to U.S. reinsurance it has assumed under a status other than as a Certified Reinsurer. The purpose of the Schedule S Part 1 filing is to enable the commissioner of the state in which the trust is domiciled to determine the sufficiency of the trust fund, and its Form CR-S filing does not affect this Schedule S Part 1 filing requirement. The assuming insurer's Schedule S Part 1 should only include U.S. reinsurance it has assumed that is supported by this trust.

In such cases, the assuming insurer may exclude from Form CR-S Part 1 U.S. reinsurance assumed that is reported in its Schedule S Part 1. However, the assuming insurer must attach a copy of its Schedule S Part 1 filing with its Form CR-S, and must clearly indicate on Form CR-S Part 1 that its U.S. reinsurance assumed is reported in this manner (i.e., its Form CR-S Part 1 includes non-U.S. reinsurance assumed under its Certified Reinsurer status, while its attached Schedule s Part 1 includes U.S. reinsurance it has assumed under a status other than as a Certified Reinsurer).

Group or Category General Account	Line Number
Affiliates	
U.S. Affiliates  Non-U.S. Affiliates  Total Affiliates	0299999
Non-Affiliates	
U.S. Non-Affiliates  Non-U.S. Non-Affiliates  Total Non-Affiliates  Total General Account	0599999 0699999
Separate Accounts	
Affiliates	
U.S. Affiliates  Non-U.S. Affiliates  Total Affiliates	0999999
Non-Affiliates	
U.S. Non-Affiliates  Non-U.S. Non-Affiliates  Total Non-Affiliates	1299999

Total Separate Accounts	1499999
Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999)	
Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999)	1699999
Total (Sum of 1599999 and 1699999)	1799999

#### **Column Descriptions**

Column 7 – Amount in Force at End of Year

For catastrophe-reinsurance (CAT), disability reinsurance (DIS), accidental death benefit reinsurance (ADB) and annuity reinsurance (ACO and AMCO), leave this column blank.

Column 9 – Premiums

For deposit funds and other liabilities without life or disability contingencies, leave this column blank.

Column 10 – Reinsurance Payable on Paid and Unpaid Losses

For deposit funds and other liabilities without life or disability contingencies, leave this column blank.

Column 11 – Modified Coinsurance Reserve

Report the amount of reserves held by the ceding company under modified coinsurance contracts. Include separate accounts modified coinsurance reserves.

Column 12 - Funds Withheld Under Coinsurance

Report the amount of funds withheld by the ceding company on coinsurance contracts.

#### FORM CR-S - PART 1 - SECTION 2

# REINSURANCE ASSUMED ACCIDENT AND HEALTH INSURANCE LISTED BY REINSURED COMPANY AS OF DECEMBER 31, (MOST RECENT YEAR-END)

Form CR-S Part 1, Section 2 must be reported by an assuming insurer upon initial application for status as a Certified Reinsurer, and on an annual basis thereafter so long as the Certified Reinsurer maintains certification. Amounts are to be reported in U.S. dollars with thousands omitted. All dates reported in Form CR-S must be in the format MM/DD/YYYY. For example, the date December 13, 2011 should be reported as 12/13/2011. The Certified Reinsurer's rating and collateral requirement, as assigned by the certifying state, and the effective date of such rating, must be included on this form with respect to each filing that is submitted subsequent to certification.

Part 1, Section 2 provides information on all reinsurance assumed for accident and health insurance from ceding insurers domiciled in the U.S. and abroad. Amounts are to be reported in U.S. dollars with thousands omitted. Part 1, Section 2 data may be reported on an aggregate basis as opposed to reporting data applicable to each individual ceding insurer. However, reporting entities are required to segregate and subtotal this aggregate information in accordance with the categories listed below, as applicable.\*

\*Note: Additional Instructions for Assuming Insurers Subject to Filing Schedule S Part 1 of the NAIC Annual Statement — In certain cases, a non-U.S. domiciled assuming insurer is required to file annually a Schedule S Part 1 from the NAIC Annual Statement. The Schedule S Part 1 filing is submitted to a U.S. state in which the assuming insurer maintains a trust fund in a qualified U.S. financial institution for the payment of the valid claims of its U.S. ceding insurers with respect to U.S. reinsurance it has assumed under a status other than as a Certified Reinsurer. The purpose of the Schedule S Part 1 filing is to enable the commissioner of the state in which the trust is domiciled to determine the sufficiency of the trust fund, and its Form CR-S filing does not affect this Schedule S Part 1 filing requirement. The assuming insurer's Schedule S Part 1 should only include U.S. reinsurance it has assumed that is supported by this trust.

In such cases, the assuming insurer may exclude from Form CR-S Part 1 U.S. reinsurance assumed that is reported in its Schedule S Part 1. However, the assuming insurer must attach a copy of its Schedule S Part 1 filing with its Form CR-S, and must clearly indicate on Form CR-S Part 1 that its U.S. reinsurance assumed is reported in this manner (i.e., its Form CR-S Part 1 includes non-U.S. reinsurance assumed under its Certified Reinsurer status, while its attached Schedule s Part 1 includes U.S. reinsurance it has assumed under a status other than as a Certified Reinsurer).

Group or Category	<b>Line Number</b>
Reinsurance Assumed from Affiliated Ceding Insurers	
U.S. Affiliated	0199999
Non-U.S. Affiliated	0299999
Total Affiliated	0399999
Reinsurance Assumed from Unaffiliated Ceding Insurers	
U.S. Unaffiliated	
Non-U.S. Unaffiliated	0599999
Total Unaffiliated	0699999
Total Reinsurance Assumed	0799999

#### **Column Descriptions**

Column 7 – Assumed Reinsurance Premiums

Column 8 – Unearned Assumed Reinsurance Premiums

Column 9 – Reserve Liability Other Than For Unearned Premiums

Column 10 - Reinsurance Payable on Paid and Unpaid Losses

Column 11 – Modified Coinsurance Reserve

Report the amount of the reserves held by the ceding company under modified coinsurance contracts.

Column 12 - Funds Withheld Under Coinsurance

Report the amount of funds withheld by the ceding company on coinsurance contracts.

#### FORM CR-S - PART 2

# REINSURANCE RECOVERABLE ON PAID AND UNPAID LOSSES AS OF DECEMBER 31, (MOST RECENT YEAR-END)

Form CR-S Part 2 must be reported by an assuming insurer upon initial application for status as a Certified Reinsurer, and on an annual basis thereafter so long as the Certified Reinsurer maintains certification. Amounts are to be reported in U.S. dollars with thousands omitted. All dates reported in Form CR-S must be in the format MM/DD/YYYY. For example, the date December 13, 2011 should be reported as 12/13/2011. The Certified Reinsurer's rating and collateral requirement, as assigned by the certifying state, and the effective date of such rating, must be included on this form with respect to each filing that is submitted subsequent to certification.

Part 2 provides information with respect to reinsurance recoverable on paid and unpaid losses from assuming insurers domiciled in the U.S. and abroad. Reporting entities are required to provide assuming insurer-specific data on reinsurance ceded for a minimum of the top ten assuming insurers as measured by reinsurance recoverables. Assuming insurer-specific data must be reported for additional assuming insurers (i.e., beyond the top ten) only to the extent necessary to ensure that the assuming insurer-specific reporting represents at least 75% of all reinsurance recoverables due. Reporting entities are required to subtotal this information, including both individual and aggregate data, into the categories listed below, as applicable.

Group or Category Life and Annuity	<b>Line Number</b>
Affiliates	
U.S. Affiliates	0299999
Non-Affiliates	
U.S. Non-Affiliates	0599999
Total Life and Annuity	0799999
Accident and Health	
Affiliates	
U.S. Affiliates	0999999
Non-Affiliates	
U.S. Non-Affiliates	1299999
Total Accident and Health	1499999
Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)	1599999
Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999)	1699999
Total (Sum of 1599999 and 1699999)	

#### **Column Descriptions**

Column 1 – Company Code or ID Number

The U.S. Federal Employer Identification Number (FEIN) must be reported for each U.S. domiciled insurer and U.S. branch of an alien insurer. For insurers domiciled in non-U.S. jurisdictions, report the entity's national identification number as issued by its domestic jurisdiction. Reinsurance intermediaries should not be listed, as Form CR-F is intended to identify only risk-bearing entities.

Column 3 – Effective Date

Report earliest effective date of contracts with recoverables reported applicable to individual assuming insurers.

Column 4 – Name of Company (Reinsurer)

Column 5 – Location (Domiciliary Jurisdiction)

Report the two-character postal code abbreviation for the domiciliary jurisdiction. A comprehensive listing of postal code abbreviations for foreign countries is attached to these instructions. For postal code abbreviations of foreign countries not found in the appendix, use the code found at:

www.nationsonline.org/oneworld/countrycodes.htm

If a reinsurer has merged with another entity, report the domiciliary jurisdiction of the surviving entity.

Column 6 – Paid Losses

Report reinsured claim amounts paid by the reporting entity but not yet reimbursed by the reinsurer.

Column 7 – Unpaid Losses

Include the reinsured amounts for claims that are in course of settlement and will become recoverable from reinsurers following payment.

#### 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 AS OF DECEMBER 31, (MOST RECENT YEAR-END)

Form CR-S Part 3 Section 1 must be reported by an assuming insurer upon initial application for status as a Certified Reinsurer, and on an annual basis thereafter so long as the Certified Reinsurer maintains certification. Amounts are to be reported in U.S. dollars with thousands omitted. All dates reported in Form CR-S must be in the format MM/DD/YYYY. For example, the date December 13, 2011 should be reported as 12/13/2011. The Certified Reinsurer's rating and collateral requirement, as assigned by the certifying state, and the effective date of such rating, must be included on this form with respect to each filing that is submitted subsequent to certification.

Part 3 Section 1 provides information with respect to reinsurance ceded or retroceded by a Certified Reinsurer (or applicant) to assuming insurers domiciled in the U.S. and abroad. Reporting entities are required to provide assuming insurer-specific data on reinsurance ceded for a minimum of the top ten assuming insurers as measured by reinsurance recoverables. Assuming insurer-specific data must be reported for additional assuming insurers (i.e., beyond the top ten) only to the extent necessary to ensure that the assuming insurer-specific reporting represents at least 75% of all reinsurance recoverables due. Part 3 Section 1 data applicable to all other assuming insurers may be reported on an aggregate basis. Reporting entities are required to subtotal this information, including both individual and aggregate data, into the categories listed below, as applicable. Include actual reinsurance ceded on group cases but exclude jointly underwritten group contracts.

Group or Category General Account	<b>Line Number</b>
Affiliates	
U.S. Affiliates  Non-U.S. Affiliates  Total Affiliates	0299999
Non-Affiliates	
U.S. Non-Affiliates  Non-U.S. Non-Affiliates  Total Non-Affiliates  Total General Account	0599999 0699999
Separate Accounts	0/99999
Affiliates	
U.S. Affiliates  Non-U.S. Affiliates  Total Affiliates	0999999
Non-Affiliates	
U.S. Non-Affiliates  Non-U.S. Non-Affiliates  Total Non-Affiliates  Total Separate Accounts  Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999)	1299999 1399999 1499999 1599999
Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999)	
Total (Sum of 1399999 and 1699999)	

#### **Column Descriptions**

Column 1 – Company Code or ID Number

The U.S. Federal Employer Identification Number (FEIN) must be reported for each U.S. domiciled insurer and U.S. branch of an alien insurer. For insurers domiciled in non-U.S. jurisdictions, report the

entity's national identification number as issued by its domestic jurisdiction. Reinsurance intermediaries should not be listed, as Form CR-F is intended to identify only risk-bearing entities.

#### Column 3 – Effective Date

Report earliest effective date of contracts with recoverables reported applicable to individual assuming insurers.

#### Column 4 – Name of Company (Reinsurer)

#### Column 5 – Location (Domiciliary Jurisdiction)

Report the two-character postal code abbreviation for the domiciliary jurisdiction. A comprehensive listing of postal code abbreviations for foreign countries is available in the appendix of these instructions. For postal code abbreviations of foreign countries not found in the appendix, use the code found at:

#### www.nationsonline.org/oneworld/countrycodes.htm

If a reinsurer has merged with another entity, report the domiciliary jurisdiction of the surviving entity.

#### Column 6 – Type of Reinsurance Ceded

Use the following abbreviations to identify the plan and type of reinsurance. For example, group coinsurance with funds withheld should be identified as COFW/G. (If there is more than one type of reinsurance in the same reinsurance company, show each type on a separate line.) NOTE: The type should be entered in all capital letters, and ALL reinsurance types must be followed by /G (for Group) or /I (for Individual).

#### Abbreviations:

I	Individual	All Reinsurance Types should be
G	Group	followed by /I or /G.

#### **REINSURANCE TYPES**

CO	Coinsurance	ACO	Annuity coinsurance
			<b>*</b>
COFW	Coinsurance with funds	ACOFW	Annuity coinsurance with
	withheld		funds withheld
MCO	Modified coinsurance	AMCO	Annuity modified
			coinsurance
MCOFW	Modified coinsurance	AMCOFW	Annuity modified
	with funds withheld		coinsurance with funds
			withheld
COMB	Combination	ACOMB	Annuity combination
	coinsurance/modified		coinsurance/modified
	coinsurance		coinsurance
COMBW	Combination	ACOMBW	Annuity combination
	coinsurance/modified		coinsurance/modified
	coinsurance with funds		coinsurance with funds
	withheld		withheld
YRT	Yearly renewable term	GMDB	Guaranteed minimum
	•		death benefit
CAT	Catastrophe	GMDBFW	Guaranteed minimum
	-		death benefit funds
			withheld
OTH	Other reinsurance	ADB	Accidental death benefit
		DIS	Disability benefits

NOTE: The insurance type should be entered in all capital letters.

Column 7 – Amount in Force at End of Year

Report the ceded amount of the basic life insurance policy only

For catastrophe-reinsurance (CAT), disability reinsurance (DIS), accidental death benefit reinsurance (ADB) and annuity reinsurance (ACO and AMCO), leave this column blank.

Column 8 – Reserve Credit Taken Current Year

Column 9 – Reserve Credit Taken Prior Year

Column 10 – Premiums

Amounts included in this column should represent reinsurance ceded premiums on an incurred basis.

For deposit funds and other liabilities without life or disability contingencies, leave this column blank.

Columns

11 & 12 — Outstanding Surplus Relief

Outstanding surplus relief means the amount of surplus not yet reported as income.

Report the amount of initial commissions and expense allowance not yet recovered by the reinsurer for the following types of treaties (individual or group): CO, ACO, MCO, AMCO, COFW, ACOFW, MCOFW, AMCOFW, COMB, ACOMB, ACOMBW AND COMBW. This column does not apply to CAT, DIS, ADB, YRT or other non-proportional reinsurance treaties.

Include the outstanding surplus resulting from reinsurance of separate accounts business.

Column 13 – Modified Coinsurance Reserve

Report the amount of reserves held under modified coinsurance contracts. Include separate accounts modified coinsurance reserves.

Column 14 – Funds Withheld Under Coinsurance

Report the amount of funds withheld on coinsurance contracts.

#### FORM CR-S - PART 3 - SECTION 2

#### REINSURANCE CEDED ACCIDENT AND HEALTH INSURANCE AS OF DECEMBER 31, (MOST RECENT YEAR-END)

Form CR-S Part 3 Section 1 must be reported by an assuming insurer upon initial application for status as a Certified Reinsurer, and on an annual basis thereafter so long as the Certified Reinsurer maintains certification. Amounts are to be reported in U.S. dollars with thousands omitted. All dates reported in Form CR-S must be in the format MM/DD/YYYY. For example, the date December 13, 2011 should be reported as 12/13/2011. The Certified Reinsurer's rating and collateral requirement, as assigned by the certifying state, and the effective date of such rating, must be included on this form with respect to each filing that is submitted subsequent to certification.

Part 3 Section 1 provides information with respect to reinsurance ceded or retroceded by a Certified Reinsurer (or applicant) to assuming insurers domiciled in the U.S. and abroad. Reporting entities are required to provide assuming insurer-specific data on reinsurance ceded for a minimum of the top ten assuming insurers as measured by reinsurance recoverables. Assuming insurer-specific data must be reported for additional assuming insurers (i.e., beyond the top ten) only to the extent necessary to ensure that the assuming insurer-specific reporting represents at least 75% of all reinsurance recoverables due. Part 3 Section 1 data applicable to all other assuming insurers may be reported on an aggregate basis. Reporting entities are required to subtotal this information, including both individual and aggregate data, into the categories listed below, as applicable. Include actual reinsurance ceded on group cases but exclude jointly underwritten group contracts.

Group or Category General Account	Line Number
Affiliates	
U.S. Affiliates  Non-U.S. Affiliates  Total Affiliates	0299999
Non-Affiliates	
U.S. Non-Affiliates	0599999 0699999
Separate Accounts	
Affiliates	
U.S. Affiliates  Non-U.S. Affiliates  Total Affiliates	0999999
Non-Affiliates	
U.S. Non-Affiliates	

#### **Column Descriptions**

Column 1 – Company Code or ID Number

The U.S. Federal Employer Identification Number (FEIN) must be reported for each U.S. domiciled insurer and U.S. branch of an alien insurer. For insurers domiciled in non-U.S. jurisdictions, report the entity's national identification number as issued by its domestic jurisdiction. Reinsurance intermediaries should not be listed, as Form CR-F is intended to identify only risk-bearing entities.

#### Column 3 – Effective Date

Report earliest effective date of contracts with recoverables reported applicable to individual assuming insurers.

#### Column 4 - Name of Company (Reinsurer)

#### Column 5 – Location (Domiciliary Jurisdiction)

Report the two-character postal code abbreviation for the domiciliary jurisdiction. A comprehensive listing of postal code abbreviations for foreign countries is available in the appendix of these instructions. For postal code abbreviations of foreign countries not found in the appendix, use the code found at:

#### www.nationsonline.org/oneworld/countrycodes.htm

If a reinsurer has merged with another entity, report the domiciliary jurisdiction of the surviving entity.

#### Column 6 – Type

Use the following abbreviations to identify the plan and type of reinsurance. For example, group coinsurance with funds withheld should be identified as COFW/G. (If there is more than one type of reinsurance in the same reinsurance company, show each type on a separate line.) NOTE: The type should be entered in all capital letters, and ALL reinsurance types must be followed by /G (for Group) or /I (for Individual).

#### **Abbreviations:**

I	Individual	All Reinsurance Types should be
G	Group	followed by /I or /G.

#### **REINSURANCE TYPES**

CO	Coinsurance	COFW	Coinsurance with funds
			withheld
MCO	Modified coinsurance	MCOFW	Modified coinsurance
			with funds withheld
COMB	Combination coinsurance/modified coinsurance	COMBW	Combination coinsurance/modified coinsurance with funds withheld
YRT	Yearly renewable term	CAT	Catastrophe
LTC	Long-Term Care	OTH	Other reinsurance

NOTE: The insurance type should be entered in all capital letters.

#### Column 7 – Premiums

Amounts included in this column should represent reinsurance ceded premiums on an incurred basis.

#### Column 8 – Unearned Premiums (Estimated)

Amounts represent, by company, the ceded part of the unearned premium.

Column 9 – Reserve Credit Taken Other Than For Unearned Premiums

Columns

10 and 11 – Outstanding Surplus Relief

Outstanding surplus relief means the amount of surplus not yet reported as income.

Report the amount of initial commissions and expense allowance not yet recovered by the reinsurer for the following types of treaties (individual or group): CO, MCO, COFW, MCOFW, COMB or COMBW. This column does not apply to YRT or other nonproportional reinsurance treaties.

Column 12 – Modified Coinsurance Reserve

Report the amount of reserves held under modified coinsurance contracts.

Column 13 - Funds Withheld Under Coinsurance

Report the amount of funds withheld on coinsurance contracts.

## 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		1			1						
100018							l	l			

## 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
m . 1											
Totals							1				

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

1 Company	2	3	4 Name	5	6	7	
Code or ID Number		Effective Date	of Company	Location	Paid Losses	Unpaid Losses	
Totals—Life	, Annuity and A	ccident and Health	<u> </u>				

## 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

Code of Beficities Company Location Code of Company Location Code of C	1	2	3	4	5	6	7	Reserve Credit		10	Outstanding Surplus		13	14
	ID			of	Location	Reinsurance	Force at	8 Current	9 Prior	Premiums	11 Current	12 Prior	Coinsurance	Under
					•••••									
					•••••									
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

1	2	3	4	5	6	7	8	9			12	13
								Reserve Credit	Outstanding Surplus Relief			
Company								Taken Other	10	11	1	Funds
Code or			Name				Unearned	than for			Modified	Withheld
ID		Effective	of				Premiums	Unearned	Current	Prior	Coinsurance	Under
Number		Date	Company	Location	Type	Premiums	(Estimated)	Premiums	Year	Year	Reserve	Coinsurance
						•••••						
						•••••						
						•••••						
						•••••						
***************************************						***************************************	***************************************			***************************************		
		•••••				••••••						
Totals		l										
0.000								1	l .	l .	l	