## 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	9	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
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Totals											

## 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
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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

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Company			Name		Missalverso	0.0000000000000000000000000000000000000		
Code or		Effective	of		Paid	Unpaid		
ID Number		Date	Company	Location	Losses	Losses		
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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

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1 1	-	1051	**				Reserve Credit Taken			Outstanding Surplus Relief			Funds
Company					т. с		- 1:		-	11	12	Modified	Withheld
Code or		F. 65	Name		Type of	Amount in	8	9	I .	587	Prior	Coinsurance	Under
ID		Effective	of	T	Reinsurance Ceded	Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Year	Reserve	Coinsurance
Number		Date	Company	Location	Ceded	End of Year	i ear	1 ear	Fremums	1 Cal			
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