

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	Outstanding Surplus Relief		12	13
<u>Company Code or ID No.</u>		<u>Effective Date</u>	<u>Name of Company</u>	<u>Location</u>	<u>Type</u>	<u>Premiums</u>	<u>Unearned Premiums (Estimated)</u>	<u>Reserve Credit Taken Other than for Unearned Premiums</u>	10	11	<u>Modified Coinsurance Reserve</u>	<u>Funds Withheld Under Coinsurance</u>
									Cur- rent Year	Prior Year		

