

**Form CR-S – PART 1 – SECTION 2**

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

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>
<u>Company Code or ID Number</u>		<u>Effective Date</u>	<u>Name of Reinsured</u>	<u>Domiciliary Jurisdiction</u>	<u>Type of Reinsurance Assumed</u>	<u>Premiums</u>	<u>Unearned Premiums</u>	<u>Reserve Liability Other Than For Unearned Premi- ums</u>	<u>Reinsurance Payable on Paid and Un- paid Losses</u>	<u>Modified Coinsurance Reserve</u>	<u>Funds Withheld Under Coinsurance</u>
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<u>Totals</u>											