Chapter Ins 52

APPENDIX D

Form CR–F — PART 1 Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	Reinsurance On			9	10	11	12	13	14	15
Company Code or ID Number		Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compen- sating Balances to Secure Let- ters of Credit	Amount of Assets Pledged or Collateral Held in Trust
		•••••												
		•••••												
		•••••												
						• • • • • • • • • • • • • • •								
						• • • • • • • • • • • • • • •								
						• • • • • • • • • • • • • • •								
						• • • • • • • • • • • • • • •								
		•••••												
		•••••												
		•••••												
		•••••												
		•••••												
		• • • • • • • • • • • • • • • • • • • •												
0000000 77			1					<u> </u>						
99999999 To	otais													