Chapter Ins 52

APPENDIX G

Form CR-S — PART 1 – SECTION 2

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

			T			_			10		
1	2	3	4	5	6	7	8	9 Reserve	10	11	12
								Liability			1
Company					Type			Other Than	Reinsurance		Funds
Code or			Name		of			For	Payable on	Modified	Withheld
ID		Effective	of	Domiciliary	Reinsurance	ъ .	Unearned	Unearned	Paid and	Coinsurance	Under
Number		Date	Reinsured	Jurisdiction	Assumed	Premiums	Premiums	Premiums	Unpaid Losses	Reserve	Coinsurance
	l	L	1								
Totals											1
•							•				