**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	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 Compensatin g Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
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Published under s. 35.93, Wis. Stats., by the Legislative Reference Bureau.

COMMISSIONER OF INSURANCE

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