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APPENDIX H

Form CR-S — PART 2
Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
Company			Name			
Code or		Effective	of		Paid	Unpaid
ID Number		Date	Company	Location	Losses	Losses
1						
Totals—Life, Annuity and Accident and Health						