Form CR-S – PART 1 – SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10 Reinsuranc	11	12
Company									e Payable		Funds
Company Code or ID			Name		Type of	Amount of			e Payable on Paid and Unpaid Losses	Modified	Funds Withheld Under
ID Number		Effective Date	of Reinsured	Location	Reinsurance Assumed	In Force at End of Year	Reserve	Premiums	Unpaid	Coinsurance Reserve	Under Coinsurance
Nulliber		Date	Reinsured	Elecation	Assumed	End of Tear	Reserve	Trennums	Losses	Reserve	Consurance
Tetale											
Totals							I	I			

Form CR-S – PART 1 – SECTION 2

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

		r								r	
1	2	3	4	5	6	7	8	9	10	11	12
								Reserve			
								Liability			
Company Code or					Type			Liability Other Than	Reinsurance		Funds
Code or			Name		Type of			For	Payable on	Modified	Withheld
UD		E.C	INAILIE	Denticiliant	D.		T	Unearned	Payable off	Wiodified	Withincia The loss
ID Number		Effective	of	Domiciliary Jurisdiction	Reinsurance		Unearned		Paid and	Coinsurance	Under
Number		Date	Reinsured	Jurisdiction	Assumed	Premiums	Premiums	Premiums	Unpaid	Reserve	Coinsurance
Totals		•	-	-							
Totais							1			1	

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

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

Form CR-S – PART 3 – SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7			10			13	14
Commonly								Reserve Credit Taken		Outstanding S	urplus Relief		Eurodo
Company Code or			Name		Type of	Amount in	8	9	1	11	12	Modified	Funds Withheld
ID Number		Effective Date	of Company	Location	Reinsurance Ceded	Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Coinsurance Reserve	Under Coinsurance
Tumber		Date	Company	Location	Ceded	End of Tear	Y ear	Y ear	Fremiums	Year	Y ear	Kesei ve	consurance
Totals													

1	2	3	4	5	6	7	8	9			12	13
	2			-				9 Reserve Credit Taken	Outstanding S	Surplus Relief 11		
Company Code or ID		Effective	Name of				Unearned Premiums	Other than	Current	Prior	Modified Coinsurance	Funds Withheld Under
Number		Date	Company	Location	Туре	Premiums	(Estimated)	for Unearned Premiums	Year	Year	Reserve	Coinsurance
Totals	1				1							

Form CR-S – PART 3 – SECTION 2 Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year