APPENDIX D

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	11	12
									Reinsurance		
Company									Payable on		Funds
Code or			Name		Type of	Amount of			Paid and	Modified	Withheld
ID		Effective	of		Reinsurance	In Force at			Unpaid	Coinsurance	Under
Number		Date	Reinsured	Location	Assumed	End of Year	Reserve	Premiums	Losses	Reserve	Coinsurance
Nullibel		Date	Kellisuleu	Location	Assumed	Eliu of Teal	Reserve	Fieliliulis	LUSSES	Reserve	Comsurance
Totals											1

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Form CR-S – PART 1 – SECTION 2
Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

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

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 Code or ID Number		Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses
T 1 710						
Totals—Life, Ann	unty and Acc	adent 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	Reserve Credit Taken		10	Outstanding Surplus Relief		13	14
Company Code or ID Number		Effective Date	Name of Company	Location	Type of Reinsurance Ceded	Amount in Force at End of Year	8 Current Year	9 Prior Year	Premiums	11 Current Year	12 Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Totals													

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

1	2	3	4	5	6	7	8	9			12	13
									Outstanding Surplus			
								Reserve	Re	lief		
								Credit	10	11		
								Taken				
Company								Other				Funds
Code or			Name				Unearned	than for			Modified	Withheld
ID		Effective	of				Premiums	Unearned	Current	Prior	Coinsurance	Under
Number		Date	Company	Location	Type	Premiums	(Estimated)	Premiums	Year	Year	Reserve	Coinsurance
				•••••								
				•••••								
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				•••••								
				•••••			•••••					
Totals												
1 Ottill						1	l .	1			l	