COMMISSIONER OF INSURANCE

Ins 52 Appendix D

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
							***************************************		***************************************		***************************************	***************************************		
							***************************************		***************************************			***************************************		
0000000 77	-1-													
9999999 Tot	ais													