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APPENDIX G

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
	-	5	7	5	0	, ,	0	Reserve	10		12
								Liability			
Company					Туре			Other Than	Reinsurance		Funds
Company Code or			Nome		of					Madified	Withheld
Code or		TIES	Name	Dentifican			The second of	For	Payable on	Modified	
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		1						
10(4)5					1	1	1	1	1		

COMMISSIONER OF INSURANCE

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