COMMISSIONER OF INSURANCE

Ins 52 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 Company | 2 | 3 | 4 Name | 5 | 6 | 7 |
|---------------------------------------|--------------------|----------------|-----------|----------|--------|--------|
| Code or | | Effective | of | | Paid | Unpaid |
| ID Number | | Date | Company | Location | Losses | Losses |
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| Totals—Life 4 | Annuity and Accide | ent and Health | I | ı | | |
| Date, Filling and Resident and Teatin | | | | | l | |