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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
.								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
1											
·											
										•••••	
Totals											