Chapter 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 Code or ID Number | 2 | 3 Effective Date | 4 Name of Company | 5 Location | 6 | 7 | | | | | | | |
|--------------------------------------|---|------------------------|----------------------------|---------------|----------------|------------------|--|--|--|--|--|--|--|
| | | | | | Paid Losses | Unpaid Losses | | | | | | | |
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