# Chapter Ins 52

## 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<br>Company Code or ID Number | 2 | 3<br>Effective Date | 4<br>Name of Reinsured | 5<br>Domiciliary Jurisdiction | 6<br>Type of Reinsurance Assumed | 7<br>Premiums | 8<br>Unearned Premiums | 9<br>Reserve Liability Other Than For Unearned Premiums | 10<br>Reinsurance Payable on Paid and Unpaid Losses | 11<br>Modified Coinsurance Reserve | 12<br>Funds Withheld Under Coinsurance |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Totals | | | | | | | | | | | |