



"Strengthening competitive insurance markets while protecting Alaskans."

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Form CR-S

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FORM CR-S – PART 1 – SECTION 1

REINSURANCE ASSUMED LIFE INSURANCE, ANNUITIES, DEPOSIT FUNDS AND OTHER LIABILITIES WITHOUT LIFE OR DISABILITY CONTINGENCIES, AND RELATED BENEFITS LISTED BY REINSURED COMPANY AS OF DECEMBER 31, (MOST RECENT YEAR-END)

Form CR-S Part 1, Section 1 must be reported by an assuming insurer upon initial application for status as a Certified Reinsurer, and on an annual basis thereafter so long as the Certified Reinsurer maintains certification. Amounts are to be reported in U.S. dollars with thousands omitted. All dates reported in Form CR-S must be in the format MM/DD/YYYY. For example, the date December 13, 2011 should be reported as 12/13/2011. The Certified Reinsurer's rating and collateral requirement, as assigned by the certifying state, and the effective date of such rating, must be included on this form with respect to each filing that is submitted subsequent to certification.

Part 1, Section 1 provides information on all reinsurance assumed for life insurance, annuities, deposit fund and other liabilities without life or disability contingencies, and related benefits from ceding insurers domiciled in the U.S. and abroad. Part 1, Section 1 data may be reported on an aggregate basis as opposed to reporting data applicable to each individual ceding insurer. However, reporting entities are required to segregate and subtotal this aggregate information in accordance with the categories listed below, as applicable.*

*Note: Additional Instructions for Assuming Insurers Subject to Filing Schedule S Part 1 of the NAIC Annual Statement –
In certain cases, a non-U.S. domiciled assuming insurer is required to file annually a Schedule S Part 1 from the NAIC Annual Statement. The Schedule S Part 1 filing is submitted to a U.S. state in which the assuming insurer maintains a trust fund in a qualified U.S. financial institution for the payment of the valid claims of its U.S. ceding insurers with respect to U.S. reinsurance it has assumed under a status other than as a Certified Reinsurer. The purpose of the Schedule S Part 1 filing is to enable the commissioner of the state in which the trust is domiciled to determine the sufficiency of the trust fund, and its Form CR-S filing does not affect this Schedule S Part 1 filing requirement. The assuming insurer's Schedule S Part 1 should only include U.S. reinsurance it has assumed that is supported by this trust.

In such cases, the assuming insurer may exclude from Form CR-S Part 1 U.S. reinsurance assumed that is reported in its Schedule S Part 1. However, the assuming insurer must attach a copy of its Schedule S Part 1 filing with its Form CR-S, and must clearly indicate on Form CR-S Part 1 that its U.S. reinsurance assumed is reported in this manner (i.e., its Form CR-S Part 1 includes non-U.S. reinsurance assumed and U.S. reinsurance assumed under its Certified Reinsurer status, while its attached Schedule s Part 1 includes U.S. reinsurance it has assumed under a status other than as a Certified Reinsurer).

<u>Group or Category</u>	<u>Line Number</u>
General Account	
Affiliates	
U.S. Affiliates.....	0199999
Non-U.S. Affiliates.....	0299999
Total Affiliates.....	0399999
Non-Affiliates	
U.S. Non-Affiliates.....	0499999
Non-U.S. Non-Affiliates.....	0599999
Total Non-Affiliates.....	0699999
Total General Account.....	0799999
Separate Accounts	
Affiliates	
U.S. Affiliates.....	0899999
Non-U.S. Affiliates.....	0999999
Total Affiliates.....	1099999
Non-Affiliates	
U.S. Non-Affiliates.....	1199999
Non-U.S. Non-Affiliates.....	1299999
Total Non-Affiliates.....	1399999
Total Separate Accounts.....	1499999
Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999).....	1599999
Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999).....	1699999
Total (Sum of 1599999 and 1699999).....	1799999

Column Descriptions

- Column 7 – Amount in Force at End of Year
For catastrophe-reinsurance (CAT), disability reinsurance (DIS), accidental death benefit reinsurance (ADB) and annuity reinsurance (ACO and AMCO), leave this column blank.
- Column 9 – Premiums
For deposit funds and other liabilities without life or disability contingencies, leave this column blank.
- Column 10 – Reinsurance Payable on Paid and Unpaid Losses
For deposit funds and other liabilities without life or disability contingencies, leave this column blank.
- Column 11 – Modified Coinsurance Reserve
Report the amount of reserves held by the ceding company under modified coinsurance contracts. Include separate accounts modified coinsurance reserves.
- Column 12 – Funds Withheld Under Coinsurance
Report the amount of funds withheld by the ceding company on coinsurance contracts.

FORM CR-S – PART 1 – SECTION 2

**REINSURANCE ASSUMED ACCIDENT AND HEALTH INSURANCE LISTED BY REINSURED COMPANY
AS OF DECEMBER 31, (MOST RECENT YEAR-END)**

Form CR-S Part 1, Section 2 must be reported by an assuming insurer upon initial application for status as a Certified Reinsurer, and on an annual basis thereafter so long as the Certified Reinsurer maintains certification. Amounts are to be reported in U.S. dollars with thousands omitted. All dates reported in Form CR-S must be in the format MM/DD/YYYY. For example, the date December 13, 2011 should be reported as 12/13/2011. The Certified Reinsurer's rating and collateral requirement, as assigned by the certifying state, and the effective date of such rating, must be included on this form with respect to each filing that is submitted subsequent to certification.

Part 1, Section 2 provides information on all reinsurance assumed for accident and health insurance from ceding insurers domiciled in the U.S. and abroad. Amounts are to be reported in U.S. dollars with thousands omitted. Part 1, Section 2 data may be reported on an aggregate basis as opposed to reporting data applicable to each individual ceding insurer. However, reporting entities are required to segregate and subtotal this aggregate information in accordance with the categories listed below, as applicable.*

*Note: Additional Instructions for Assuming Insurers Subject to Filing Schedule S Part 1 of the NAIC Annual Statement –
In certain cases, a non-U.S. domiciled assuming insurer is required to file annually a Schedule S Part 1 from the NAIC Annual Statement. The Schedule S Part 1 filing is submitted to a U.S. state in which the assuming insurer maintains a trust fund in a qualified U.S. financial institution for the payment of the valid claims of its U.S. ceding insurers with respect to U.S. reinsurance it has assumed under a status other than as a Certified Reinsurer. The purpose of the Schedule S Part 1 filing is to enable the commissioner of the state in which the trust is domiciled to determine the sufficiency of the trust fund, and its Form CR-S filing does not affect this Schedule S Part 1 filing requirement. The assuming insurer's Schedule S Part 1 should only include U.S. reinsurance it has assumed that is supported by this trust.

In such cases, the assuming insurer may exclude from Form CR-S Part 1 U.S. reinsurance assumed that is reported in its Schedule S Part 1. However, the assuming insurer must attach a copy of its Schedule S Part 1 filing with its Form CR-S, and must clearly indicate on Form CR-S Part 1 that its U.S. reinsurance assumed is reported in this manner (i.e., its Form CR-S Part 1 includes non-U.S. reinsurance assumed and U.S. reinsurance assumed under its Certified Reinsurer status, while its attached Schedule s Part 1 includes U.S. reinsurance it has assumed under a status other than as a Certified Reinsurer).

<u>Group or Category</u>	<u>Line Number</u>
Reinsurance Assumed from Affiliated Ceding Insurers	
U.S. Affiliated	0199999
Non-U.S. Affiliated.....	0299999
Total Affiliated	0399999
Reinsurance Assumed from Unaffiliated Ceding Insurers	
U.S. Unaffiliated	0499999
Non-U.S. Unaffiliated	0599999
Total Unaffiliated.....	0699999
Total Reinsurance Assumed	0799999

Column Descriptions

- Column 7 – Assumed Reinsurance Premiums
- Column 8 – Unearned Assumed Reinsurance Premiums
- Column 9 – Reserve Liability Other Than For Unearned Premiums
- Column 10 – Reinsurance Payable on Paid and Unpaid Losses
- Column 11 – Modified Coinsurance Reserve
Report the amount of the reserves held by the ceding company under modified coinsurance contracts.
- Column 12 – Funds Withheld Under Coinsurance
Report the amount of funds withheld by the ceding company on coinsurance contracts.

FORM CR-S – PART 2

REINSURANCE RECOVERABLE ON PAID AND UNPAID LOSSES
AS OF DECEMBER 31, (MOST RECENT YEAR-END)

Form CR-S Part 2 must be reported by an assuming insurer upon initial application for status as a Certified Reinsurer, and on an annual basis thereafter so long as the Certified Reinsurer maintains certification. Amounts are to be reported in U.S. dollars with thousands omitted. All dates reported in Form CR-S must be in the format MM/DD/YYYY. For example, the date December 13, 2011 should be reported as 12/13/2011. The Certified Reinsurer's rating and collateral requirement, as assigned by the certifying state, and the effective date of such rating, must be included on this form with respect to each filing that is submitted subsequent to certification.

Part 2 provides information with respect to reinsurance recoverable on paid and unpaid losses from assuming insurers domiciled in the U.S. and abroad. Reporting entities are required to provide assuming insurer-specific data on reinsurance ceded for a minimum of the top ten assuming insurers as measured by reinsurance recoverables. Assuming insurer-specific data must be reported for additional assuming insurers (i.e., beyond the top ten) only to the extent necessary to ensure that the assuming insurer-specific reporting represents at least 75% of all reinsurance recoverables due. Reporting entities are required to subtotal this information, including both individual and aggregate data, into the categories listed below, as applicable.

<u>Group or Category</u>	<u>Line Number</u>
Life and Annuity	
Affiliates	
U.S. Affiliates.....	0199999
Non-U.S. Affiliates.....	0299999
Total Affiliates.....	0399999
Non-Affiliates	
U.S. Non-Affiliates.....	0499999
Non-U.S. Non-Affiliates.....	0599999
Total Non-Affiliates.....	0699999
Total Life and Annuity	0799999
Accident and Health	
Affiliates	
U.S. Affiliates.....	0899999
Non-U.S. Affiliates.....	0999999
Total Affiliates.....	1099999
Non-Affiliates	
U.S. Non-Affiliates.....	1199999
Non-U.S. Non-Affiliates.....	1299999
Total Non-Affiliates.....	1399999
Total Accident and Health	1499999
Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999).....	1599999
Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999).....	1699999
Total (Sum of 1599999 and 1699999).....	1799999

Column Descriptions

- Column 1 – Company Code or ID Number
- The U.S. Federal Employer Identification Number (FEIN) must be reported for each U.S. domiciled insurer and U.S. branch of an alien insurer. For insurers domiciled in non-U.S. jurisdictions, report the entity's national identification number as issued by its domestic jurisdiction. Reinsurance intermediaries should not be listed, as Form CR-F is intended to identify only risk-bearing entities.
- Column 3 – Effective Date
- Report earliest effective date of contracts with recoverables reported applicable to individual assuming insurers.

Column 4 – Name of Company (Reinsurer)

Column 5 – Location (Domiciliary Jurisdiction)

Report the two-character postal code abbreviation for the domiciliary jurisdiction. A comprehensive listing of postal code abbreviations for foreign countries is attached to these instructions. For postal code abbreviations of foreign countries not found in the appendix, use the code found at:

www.nationsonline.org/oneworld/countrycodes.htm

If a reinsurer has merged with another entity, report the domiciliary jurisdiction of the surviving entity.

Column 6 – Paid Losses

Report reinsured claim amounts paid by the reporting entity but not yet reimbursed by the reinsurer.

Column 7 – Unpaid Losses

Include the reinsured amounts for claims that are in course of settlement and will become recoverable from reinsurers following payment.

FORM CR-S – PART 3 – SECTION 1

**REINSURANCE CEDED LIFE INSURANCE, ANNUITIES, DEPOSIT FUNDS AND OTHER LIABILITIES WITHOUT LIFE
OR DISABILITY CONTINGENCIES, AND RELATED BENEFITS
AS OF DECEMBER 31, (MOST RECENT YEAR-END)**

Form CR-S Part 3 Section 1 must be reported by an assuming insurer upon initial application for status as a Certified Reinsurer, and on an annual basis thereafter so long as the Certified Reinsurer maintains certification. Amounts are to be reported in U.S. dollars with thousands omitted. All dates reported in Form CR-S must be in the format MM/DD/YYYY. For example, the date December 13, 2011 should be reported as 12/13/2011. The Certified Reinsurer's rating and collateral requirement, as assigned by the certifying state, and the effective date of such rating, must be included on this form with respect to each filing that is submitted subsequent to certification.

Part 3 Section 1 provides information with respect to reinsurance ceded or retroceded by a Certified Reinsurer (or applicant) to assuming insurers domiciled in the U.S. and abroad. Reporting entities are required to provide assuming insurer-specific data on reinsurance ceded for a minimum of the top ten assuming insurers as measured by reinsurance recoverables. Assuming insurer-specific data must be reported for additional assuming insurers (i.e., beyond the top ten) only to the extent necessary to ensure that the assuming insurer-specific reporting represents at least 75% of all reinsurance recoverables due. Part 3 Section 1 data applicable to all other assuming insurers may be reported on an aggregate basis. Reporting entities are required to subtotal this information, including both individual and aggregate data, into the categories listed below, as applicable. Include actual reinsurance ceded on group cases but exclude jointly underwritten group contracts.

<u>Group or Category</u>	<u>Line Number</u>
General Account	
Affiliates	
U.S. Affiliates.....	0199999
Non-U.S. Affiliates.....	0299999
Total Affiliates.....	0399999
Non-Affiliates	
U.S. Non-Affiliates.....	0499999
Non-U.S. Non-Affiliates.....	0599999
Total Non-Affiliates.....	0699999
Total General Account.....	0799999
Separate Accounts	
Affiliates	
U.S. Affiliates.....	0899999
Non-U.S. Affiliates.....	0999999
Total Affiliates.....	1099999
Non-Affiliates	
U.S. Non-Affiliates.....	1199999
Non-U.S. Non-Affiliates.....	1299999
Total Non-Affiliates.....	1399999
Total Separate Accounts.....	1499999
Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999).....	1599999
Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999).....	1699999
Total (Sum of 1599999 and 1699999).....	1799999

Column Descriptions

Column 1 – Company Code or ID Number

The U.S. Federal Employer Identification Number (FEIN) must be reported for each U.S. domiciled insurer and U.S. branch of an alien insurer. For insurers domiciled in non-U.S. jurisdictions, report the entity's national identification number as issued by its domestic jurisdiction. Reinsurance intermediaries should not be listed, as Form CR-F is intended to identify only risk-bearing entities.

Column 3 – Effective Date

Report earliest effective date of contracts with recoverables reported applicable to individual assuming insurers.

Column 4 – Name of Company (Reinsurer)

Column 5 – Location (Domiciliary Jurisdiction)

Report the two-character postal code abbreviation for the domiciliary jurisdiction. A comprehensive listing of postal code abbreviations for foreign countries is available in the appendix of these instructions. For postal code abbreviations of foreign countries not found in the appendix, use the code found at:

www.nationsonline.org/oneworld/countrycodes.htm

If a reinsurer has merged with another entity, report the domiciliary jurisdiction of the surviving entity.

Column 6 – Type of Reinsurance Ceded

Use the following abbreviations to identify the plan and type of reinsurance. For example, group coinsurance with funds withheld should be identified as COFW/G. (If there is more than one type of reinsurance in the same reinsurance company, show each type on a separate line.) NOTE: The type should be entered in all capital letters, and ALL reinsurance types must be followed by /G (for Group) or /I (for Individual).

Abbreviations:

I	Individual
G	Group

{ All Reinsurance Types should be followed by /I or /G.

REINSURANCE TYPES

CO	Coinsurance	ACO	Annuity coinsurance
COFW	Coinsurance with funds withheld	ACOFW	Annuity coinsurance with funds withheld
MCO	Modified coinsurance	AMCO	Annuity modified coinsurance
MCOFW	Modified coinsurance with funds withheld	AMCOFW	Annuity modified coinsurance with funds withheld
COMB	Combination coinsurance/modified coinsurance	ACOMB	Annuity combination coinsurance/modified coinsurance
COMBW	Combination coinsurance/modified coinsurance with funds withheld	ACOMBW	Annuity combination coinsurance/modified coinsurance with funds withheld
YRT	Yearly renewable term	GMDB	Guaranteed minimum death benefit
CAT	Catastrophe	GMDBFW	Guaranteed minimum death benefit funds withheld
OTH	Other reinsurance	ADB	Accidental death benefit
		DIS	Disability benefits

NOTE: The insurance type should be entered in all capital letters.

- Column 7 – Amount in Force at End of Year
Report the ceded amount of the basic life insurance policy only
For catastrophe-reinsurance (CAT), disability reinsurance (DIS), accidental death benefit reinsurance (ADB) and annuity reinsurance (ACO and AMCO), leave this column blank.
- Column 8 – Reserve Credit Taken Current Year
- Column 9 – Reserve Credit Taken Prior Year
- Column 10 – Premiums
Amounts included in this column should represent reinsurance ceded premiums on an incurred basis.
For deposit funds and other liabilities without life or disability contingencies, leave this column blank.
- Columns 11 & 12 – Outstanding Surplus Relief
Outstanding surplus relief means the amount of surplus not yet reported as income.
Report the amount of initial commissions and expense allowance not yet recovered by the reinsurer for the following types of treaties (individual or group): CO, ACO, MCO, AMCO, COFW, ACOFW, MCOFW, AMCOFW, COMB, ACOMB, ACOMBW AND COMBW. This column does not apply to CAT, DIS, ADB, YRT or other non-proportional reinsurance treaties.
Include the outstanding surplus resulting from reinsurance of separate accounts business.
- Column 13 – Modified Coinsurance Reserve
Report the amount of reserves held under modified coinsurance contracts. Include separate accounts modified coinsurance reserves.
- Column 14 – Funds Withheld Under Coinsurance
Report the amount of funds withheld on coinsurance contracts.

FORM CR-S – PART 3 – SECTION 2

REINSURANCE CEDED ACCIDENT AND HEALTH INSURANCE
AS OF DECEMBER 31, (MOST RECENT YEAR-END)

Form CR-S Part 3 Section 1 must be reported by an assuming insurer upon initial application for status as a Certified Reinsurer, and on an annual basis thereafter so long as the Certified Reinsurer maintains certification. Amounts are to be reported in U.S. dollars with thousands omitted. All dates reported in Form CR-S must be in the format MM/DD/YYYY. For example, the date December 13, 2011 should be reported as 12/13/2011. The Certified Reinsurer's rating and collateral requirement, as assigned by the certifying state, and the effective date of such rating, must be included on this form with respect to each filing that is submitted subsequent to certification.

Part 3 Section 1 provides information with respect to reinsurance ceded or retroceded by a Certified Reinsurer (or applicant) to assuming insurers domiciled in the U.S. and abroad. Reporting entities are required to provide assuming insurer-specific data on reinsurance ceded for a minimum of the top ten assuming insurers as measured by reinsurance recoverables. Assuming insurer-specific data must be reported for additional assuming insurers (i.e., beyond the top ten) only to the extent necessary to ensure that the assuming insurer-specific reporting represents at least 75% of all reinsurance recoverables due. Part 3 Section 1 data applicable to all other assuming insurers may be reported on an aggregate basis. Reporting entities are required to subtotal this information, including both individual and aggregate data, into the categories listed below, as applicable. Include actual reinsurance ceded on group cases but exclude jointly underwritten group contracts.

<u>Group or Category</u>	<u>Line Number</u>
General Account	
Affiliates	
U.S. Affiliates.....	0199999
Non-U.S. Affiliates.....	0299999
Total Affiliates.....	0399999
Non-Affiliates	
U.S. Non-Affiliates.....	0499999
Non-U.S. Non-Affiliates.....	0599999
Total Non-Affiliates.....	0699999
Total General Account.....	0799999
Separate Accounts	
Affiliates	
U.S. Affiliates.....	0899999
Non-U.S. Affiliates.....	0999999
Total Affiliates.....	1099999
Non-Affiliates	
U.S. Non-Affiliates.....	1199999
Non-U.S. Non-Affiliates.....	1299999
Total Non-Affiliates.....	1399999
Total Separate Accounts.....	1499999
Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999).....	1599999
Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999).....	1699999
Total (Sum of 1599999 and 1699999).....	1799999

Column Descriptions

- Column 1 – Company Code or ID Number
- The U.S. Federal Employer Identification Number (FEIN) must be reported for each U.S. domiciled insurer and U.S. branch of an alien insurer. For insurers domiciled in non-U.S. jurisdictions, report the entity's national identification number as issued by its domestic jurisdiction. Reinsurance intermediaries should not be listed, as Form CR-F is intended to identify only risk-bearing entities.
- Column 3 – Effective Date
- Report earliest effective date of contracts with recoverables reported applicable to individual assuming insurers.

- Column 4 – Name of Company (Reinsurer)
- Column 5 – Location (Domiciliary Jurisdiction)

Report the two-character postal code abbreviation for the domiciliary jurisdiction. A comprehensive listing of postal code abbreviations for foreign countries is available in the appendix of these instructions. For postal code abbreviations of foreign countries not found in the appendix, use the code found at:

www.nationsonline.org/oneworld/countrycodes.htm

If a reinsurer has merged with another entity, report the domiciliary jurisdiction of the surviving entity.

- Column 6 – Type

Use the following abbreviations to identify the plan and type of reinsurance. For example, group coinsurance with funds withheld should be identified as COFW/G. (If there is more than one type of reinsurance in the same reinsurance company, show each type on a separate line.) NOTE: The type should be entered in all capital letters, and ALL reinsurance types must be followed by /G (for Group) or /I (for Individual).

Abbreviations:

I	Individual
G	Group

{ All Reinsurance Types should be followed by /I or /G.

REINSURANCE TYPES

CO	Coinsurance	COFW	Coinsurance with funds withheld
MCO	Modified coinsurance	MCOFW	Modified coinsurance with funds withheld
COMB	Combination coinsurance/modified coinsurance	COMBW	Combination coinsurance/modified coinsurance with funds withheld
YRT	Yearly renewable term	CAT	Catastrophe
LTC	Long-Term Care	OTH	Other reinsurance

NOTE: The insurance type should be entered in all capital letters.

- Column 7 – Premiums. Amounts included in this column should represent reinsurance ceded premiums on an incurred basis.
- Column 8 – Unearned Premiums (Estimated)
Amounts represent, by company, the ceded part of the unearned premium.
- Column 9 – Reserve Credit Taken Other Than For Unearned Premiums
- Columns 10 and 11 – Outstanding Surplus Relief
Outstanding surplus relief means the amount of surplus not yet reported as income. Report the amount of initial commissions and expense allowance not yet recovered by the reinsurer for the following types of treaties (individual or group): CO, MCO, COFW, MCOFW, COMB or COMBW. This column does not apply to YRT or other nonproportional reinsurance treaties.
- Column 12 – Modified Coinsurance Reserve
Report the amount of reserves held under modified coinsurance contracts.
- Column 13 – Funds Withheld Under Coinsurance
Report the amount of funds withheld on coinsurance contracts.

Form CR-S – PART 1 – SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1 Company Code or ID Number	2	3 Effective date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Amount in Force at End of Year	8 Reserve	9 Premiums	10 Reinsurance payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
TOTALS											

Form CR-F – PART 2
Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 Company Code or ID Number	2	3 Effective date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than For Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance	
TOTALS												

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 Paid Losses	7 Unpaid Losses
TOTALS—Life, Annuity and Accident and Health						

